



## MACON-BIBB COUNTY GOVERNMENT

### IMPORTANT

Please read and answer every question carefully. If you are in doubt or have any questions, please consult the Human Resources Staff for assistance. Falsification of your application will result in disqualification of employment with Macon-Bibb County Government.

Federal law prohibits the employment of unauthorized aliens. ALL PERSONS HIRED must submit verification of identity and employment authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

All new employees will be subject to passing a local/national fingerprint check, back-ground investigation, and medical examination which includes a drug test.

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Signature of Applicant

Date

EEO/AA/V/ADA



**HUMAN RESOURCES DEPARTMENT  
GENERAL EMPLOYMENT APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print Full Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Business (other): ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Job Applying For: \_\_\_\_\_

**PLEASE READ AND ANSWER CAREFULLY**

Answer every question on this application by circling a YES or NO. If you circle a YES or NO answer that is underlined, you **MUST** fully explain your answer on the lines below the question. If at any time before, during or after your employment process, it is found you have answered any questions falsely, you may be disqualified or dismissed from your employment with the Macon-Bibb County Government.

1. Are you 18 years of age or older? YES NO  
\_\_\_\_\_
2. Have you ever been convicted of or paid fines for any type of traffic violations? YES NO  
\_\_\_\_\_
3. Have you ever been convicted of or paid fines for any offenses in any court in any state (including Military Court)? YES NO  
\_\_\_\_\_
4. Are you presently on probation? If yes, please give the name of your probation officer below. YES NO  
\_\_\_\_\_
5. Do you have any relative(s) working for any department with the Macon-Bibb County Government? YES NO  
If yes, tell who, what relation, and in what department?  
\_\_\_\_\_
6. Have you ever been in any military service? If yes, what type of discharge did you receive? If less than honorable, please explain. YES NO  
\_\_\_\_\_
7. Have you ever been terminated/fired from any employment? YES NO  
\_\_\_\_\_
8. Are you related to the Mayor, Commissioners, or any elected official? If yes, tell who and what relation. YES NO

OVER

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9. Have you ever applied for any other position with Macon-Bibb County Government? If yes, when? YES NO
- 
10. Have you previously been employed with Macon-Bibb County Government If yes, indicate when and in which department(s) below. YES NO
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11. Have you been employed with Macon-Bibb County Government more than once? YES NO
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12. Do you have a valid driver's license, name the state (and number)? YES NO
- 
13. Have you ever had a driver license revoked/suspended? YES NO
- 
14. Are you a U.S. citizen? YES NO
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15. Do you or have you ever used marijuana or any other type of illegal drug? YES NO
- 
16. Are there any reasons which would prevent you from performing the Duties of this position for which you are applying? YES NO
- 
17. Are there any reasons which would prevent you from working after your normal scheduled working hours or on holidays or weekends? YES NO
- 

If you wish to make further comments, please write the number of the question on a separate sheet of paper and continue your response.

I certify that I have answered the above questions truthfully to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# MACON-BIBB COUNTY GOVERNMENT

GOVERNMENT CENTER ANNEX BUILDING  
682 CHERRY STREET • SUITE 400  
P.O. BOX 247  
MACON, GEORGIA 31298

## APPLICATION FOR EMPLOYMENT

IN COMPLIANCE WITH THE FEDERAL AND STATE EQUAL OPPORTUNITY LAWS,  
QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO  
RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR DISABILITY.

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PLEASE PRINT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AREA CODE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

AREA CODE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF REFERRAL SOURCE \_\_\_\_\_

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PLEASE NOTE: THIS APPLICATION FORM WAS DESIGNED FOR USE BY PERSONS APPLYING FOR VARIOUS TYPES OF POSITIONS WITH MACON-BIBB COUNTY GOVERNMENT. PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY SO THAT YOUR APPLICATION MAY BE GIVEN FULL CONSIDERATION FOR POSSIBLE EMPLOYMENT WITH MACON-BIBB COUNTY GOVERNMENT. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. APPLICATIONS MUST ALSO BE RETURNED BY THE END OF THE JOB POSTING CLOSING DATE.

PLEASE PRINT

AN EQUAL OPPORTUNITY EMPLOYER

IF THE QUESTION DOES NOT APPLY TO YOU, PUT "NOT APPLICABLE" OR "N/A" IN THE ANSWER SPACE.

INDICATE THE POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

WHAT IS YOUR MINIMUM WEEKLY SALARY REQUIREMENT? \_\_\_\_\_

DATE AVAILABLE FOR WORK \_\_\_\_\_

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER WHICH MAY AFFECT YOUR EMPLOYMENT WITH US? \_\_\_\_\_

ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?  YES  NO

SPECIAL SKILLS \_\_\_\_\_

TYPING SPEED \_\_\_\_\_ WORDS PER MINUTE

BUSINESS MACHINES YOU CAN OPERATE \_\_\_\_\_

OTHER \_\_\_\_\_

**EDUCATIONAL DATA (OFFICIAL TRANSCRIPTS MAY BE REQUIRED)**

SCHOOLS	PRINT NAME, NUMBER, AND STREET, CITY, STATE AND ZIP CODE FOR EACH SCHOOL LISTING	DATES	TYPE OF COURSE OR MAJOR	GRADUATED?	DEGREE RECEIVED
HIGH SCHOOL	_____	FROM _____			
	_____	TO _____			
COLLEGE	_____	FROM _____			
	_____	TO _____			
GRADUATE SCHOOL	_____	FROM _____			
	_____	TO _____			
TECHNICAL COLLEGE	_____	FROM _____			
	_____	TO _____			
OTHER	_____	FROM _____			
	_____	TO _____			

**MILITARY EXPERIENCE**

WERE YOU IN THE U.S. ARMED FORCES?  YES  NO IF YES, WHAT BRANCH? \_\_\_\_\_

DATES OF DUTY: FROM \_\_\_\_\_ TO \_\_\_\_\_ RANK AT SEPARATION \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY (RESUMES WILL NOT BE ACCEPTED IN PLACE OF APPLICATION)**

LIST PRESENT EMPLOYER OR MOST RECENT EMPLOYER FIRST (USE OTHER SIDE OF THIS APPLICATION IF NECESSARY).  
 MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO YOUR PAST EMPLOYERS?  YES  NO

Employer		Employed		Supervisor's Name	
Address		From _____ Mo./Yr.		Your Job Title	
Telephone		To _____ Mo./Yr.			
Your Salary		Duties:			
Start	End				
Reason for Leaving					

Employer		Employed		Supervisor's Name	
Address		From _____ Mo./Yr.		Your Job Title	
Telephone		To _____ Mo./Yr.			
Your Salary		Duties:			
Start	End				
Reason for Leaving					

Employer		Employed		Supervisor's Name	
Address		From _____ Mo./Yr.		Your Job Title	
Telephone		To _____ Mo./Yr.			
Your Salary		Duties:			
Start	End				
Reason for Leaving					

Employer		Employed		Supervisor's Name	
Address		From _____ Mo./Yr.		Your Job Title	
Telephone		To _____ Mo./Yr.			
Your Salary		Duties:			
Start	End				
Reason for Leaving					

**YOU MUST COMPLETE THIS SECTION:**  
 GIVE NAME, ADDRESS, AND PHONE NUMBER OF THREE PROFESSIONAL REFERENCES, NOT RELATED TO YOU.

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GIVE NAME, ADDRESS, AND PHONE NUMBER OF THREE PERSONAL REFERENCES, NOT RELATED TO YOU.

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**GENERAL INFORMATION**

ARE YOU A U.S. CITIZEN?  YES  NO IF NO, WHAT TYPE OF VISA DO YOU HOLD? \_\_\_\_\_

ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO

PROPER DOCUMENTATION MUST BE PROVIDED AT THE TIME OF HIRE.

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT AT MACON-BIBB COUNTY GOVERNMENT?  YES  NO

IF YES, WHEN? \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY MACON-BIBB COUNTY GOVERNMENT?  YES  NO

IF YES, WHEN? \_\_\_\_\_

ARE ANY OF YOUR RELATIVES EMPLOYED BY MACON-BIBB COUNTY GOVERNMENT?  YES  NO

IF YES, PLEASE LIST NAME AND DEPARTMENT \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLEASE INCLUDE ANY OTHER INFORMATION YOU THINK WOULD BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT, SUCH AS ADDITIONAL WORK EXPERIENCE, ARTICLES/BOOKS PUBLISHED, ACTIVITIES, ACCOMPLISHMENTS, ETC. YOU MAY EXCLUDE ALL INFORMATION INDICATIVE OF AGE, SEX, RELIGION, COLOR, NATIONAL ORIGIN OR DISABILITY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AGREEMENT (Please read the following statements carefully)

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE MACON-BIBB COUNTY GOVERNMENT TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, CRIMINAL, MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS AND PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

IN EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE AND/OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF MACON-BIBB COUNTY GOVERNMENT.

Signature

Date