



MACON-BIBB COUNTY GOVERNMENT
APPLICATION AND EMPLOYMENT INFORMATION

Please read and answer every question on the application carefully and thoroughly. If you are in doubt of how to answer a question, please consult with the Human Resources Staff for assistance. Falsification, omission, or misrepresentation of information on your application will result in disqualification and/or termination of employment with Macon-Bibb County Government.

Federal law prohibits the employment of any individual not authorized to work in the United States. **ALL PERSONS HIRED** must submit verification of identity and employment authorization to work in the United States within three (3) days of the first date of employment. Failure to submit such proof within the required time may result in immediate termination of employment.

Depending on the position, new employees may be subject to passing a local/national fingerprint check, background investigation, motor vehicle report, and/or medical examination (which includes substance abuse testing).

A negative background report does not automatically disqualify an applicant from employment. The conviction, length of time and position will be taken into consideration.

AGREEMENT: By signing by Electronic Signature, I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

Applicant's Signature

Date



MACON-BIBB COUNTY GOVERNMENT
HUMAN RESOURCES DEPARTMENT
GENERAL EMPLOYMENT APPLICATION

Name: _____ Date: _____
(Please Print Full Legal Name)

Address: _____ City: _____ State: _____ Zip: _____

Telephone (Home): (_____) _____ Business (other): (_____) _____

Position(s) Applying For: _____

PLEASE READ AND ANSWER CAREFULLY

Answer every question on this application by checking YES or NO. If you check 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. Do you have any relatives(s) working for any department with the Macon-Bibb County Government? If yes, list relative name, what relation, and in what department? YES NO

3. Are you related to the Mayor, Commissioner, or any Elected Official? YES NO
If yes, list relative name, what relation, and in what department.

4. Have you ever been terminated/fired from any employment? YES NO
If yes, please explain.

5. Have you ever resigned from any employment in lieu of termination? YES NO
If yes, please explain.

6. Have you ever been in any military service? YES NO

7. Have you ever applied for any other position with Macon-Bibb County Government? If yes, when and what position(s)? YES NO

- | | | | |
|-------|---|------------|-----------|
| 8. | Have you previously been employed with Macon-Bibb County Government? If yes, indicate when and in which department(s) below. List all information if employed more than once. | <u>YES</u> | <u>NO</u> |
| <hr/> | | | |
| 9. | Do you have a valid driver's license? | YES | <u>NO</u> |
| <hr/> | | | |
| | Do you have a Commercial Driver's License? Class? | YES | NO |
| <hr/> | | | |
| 10. | Are you authorized to work in the United States?
<i>(PROPER DOCUMENTATION MUST BE PROVIDED AT THE TIME OF HIRE.)</i> | YES | <u>NO</u> |
| <hr/> | | | |
| 11. | Have you read the job description for the position you are applying? | YES | NO |
| <hr/> | | | |
| 12. | After reading the job description, are you able to perform the essential Functions of this job with or without reasonable accommodations? | YES | <u>NO</u> |
| <hr/> | | | |
| 14. | Is there any reason that would prevent you from working after normal scheduled working hours or on holidays or weekends? | YES | <u>NO</u> |
| <hr/> | | | |

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

EQUAL OPPORTUNITY EMPLOYER

MACON-BIBB COUNTY GOVERNMENT

GOVERNMENT CENTER ANNEX BUILDING

682 CHERRY STREET · SUITE 400

P.O. BOX 247

MACON, GEORGIA 31202

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, GENDER, NATIONAL ORIGIN, AGE OR DISABILITY.

PLEASE PRINT

NAME (full legal name): _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: (_____) _____

CELL PHONE: (_____) _____

BUSINESS PHONE: (_____) _____

E-MAIL ADDRESS: _____

NAME OF REFERRAL SOURCE: _____

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 WILL BE GIVEN FULL CONSIDERATION FOR POSSIBLE EMPLOYMENT WITH MACON-BIBB COUNTY GOVERNMENT. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. APPLICATIONS MUST BE RETURNED BY THE END OF THE JOB POSTING CLOSING DATE. NO APPLICATION WILL BE ACCEPTED FOR A POSITION PASSED THE CLOSING DATE. A CURRENT RESUME MUST ACCOMPANY THE APPLICATION.

AN EQUAL OPPORTUNITY EMPLOYER

IF ANY OF THE FOLLOWING QUESTIONS DO NOT APPLY TO YOU, PUT "NOT APPLICABLE" OR "N/A" IN THE ANSWER SPACE.

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? IF YES, PLEASE EXPLAIN YES NO

ARE YOU ON LAY-OFF AND SUBJECT TO RECALL? IF YES, PLEASE EXPLAIN YES NO

SPECIAL SKILLS _____

TYPING SPEED _____ WORDS PER MINUTE

OTHER _____

EDUCATIONAL DATA (OFFICIAL TRANSCRIPTS MAY BE REQUIRED)

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

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 THE APPLICATION)

LIST PRESENT EMPLOYER OR MOST RECENT FIRST. MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
 MAY WE CONTACT YOUR PAST EMPLOYERS? YES NO

EMPLOYER NAME:		EMPLOYMENT DATES (MO./YR)	SUPERVISOR'S NAME	
ADDRESS:		FROM:	YOUR JOB TITLE:	
TELEPHONE:		TO:	YOUR SALARY	STARTING PAY: ENDING PAY:
DUTIES:				
REASON FOR LEAVING:				

EMPLOYER NAME:		EMPLOYMENT DATES (MO./YR)	SUPERVISOR'S NAME	
ADDRESS:		FROM:	YOUR JOB TITLE:	
TELEPHONE:		TO:	YOUR SALARY	STARTING PAY: ENDING PAY:
DUTIES:				
REASON FOR LEAVING:				

EMPLOYER NAME:		EMPLOYMENT DATES (MO./YR)	SUPERVISOR'S NAME	
ADDRESS:		FROM:	YOUR JOB TITLE:	
TELEPHONE:		TO:	YOUR SALARY	STARTING PAY: ENDING PAY:
DUTIES:				
REASON FOR LEAVING:				

EMPLOYER NAME:		EMPLOYMENT DATES (MO./YR)	SUPERVISOR'S NAME	
ADDRESS:		FROM:	YOUR JOB TITLE:	
TELEPHONE:		TO:	YOUR SALARY	STARTING PAY: ENDING PAY:
DUTIES:				
REASON FOR LEAVING:				

PLEASE USE ADDITIONAL SHEETS IF NECESSARY FOR YOUR EMPLOYMENT HISTORY

GENERAL INFORMATION

YOU MUST COMPLETE THIS SECTION

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

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

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

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME: _____ TELEPHONE #: (_____) _____

ADDRESS: _____



AGREEMENT

(Please read the following statements carefully)

I CERTIFY THAT THE 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, 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.

I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT BY MACON-BIBB COUNTY GOVERNMENT A CRIMINAL BACKGROUND REPORT OR INVESTIGATION WILL BE CONDUCTED. I FURTHER UNDERSTAND THAT A CONVICTION MAY OR MAY NOT DISQUALIFY ME FROM EMPLOYMENT WITH MACON-BIBB COUNTY. THE DECISION IS BASED UPON THE CONVICTION AND THE POSITION FOR WHICH I AM APPLYING.

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

APPLICANT SIGNATURE

DATE