



Instructions on completing and submitting applications

PLEASE READ CAREFULLY!!!

Public Safety applicants (Police Officer, Firefighter, or EMT) need to complete and submit **ALL** forms.

If you are **NOT** applying for a Public Safety position, please **DO NOT** complete the last three (3) pages of this application package.

Completed Employment Applications may be submitted via:

✚ Mail or in person to:
City of Riverdale
Attn: Human Resources Department
6690 Church Street
Riverdale, GA 30274

Applications returned in person will be accepted Monday-Friday 8 AM to 4 PM.

✚ Fax to: (770) 909-5280, Attn: Human Resources Dept.

✚ Email to: employment@riverdalega.gov

Note: When submitting applications via email, please save a copy of the completed application and send as an attachment.

HUMAN RESOURCES DEPARTMENT
 6690 CHURCH STREET
 RIVERDALE, GA 30274
 FAX: (770) 909-5280
www.riverdalega.gov



HUMAN RESOURCES USE ONLY

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

INSTRUCTIONS: The application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Any additional information or documents you wish to submit in support of your application may be sent to the Human Resources Department via fax, U.S. mail or in person. All materials submitted become the property of the City and will not be returned. All statements made on the application are subject to verification.

1. NAME		
Last Name	First Name	M.I.
2. SOCIAL SECURITY NO.	3. POSITION(S) APPLYING FOR	
4. TODAY'S DATE	5. WHEN AVAILABLE	6. EMAIL ADDRESS
7. If you require assistance with the recruitment process due to a disability, please notify our staff.		
8. CONTACT NUMBERS	9. DRIVERS LICENSE	
Home Telephone Number	Do you have a valid license? <input type="radio"/> Yes <input type="radio"/> No	
Other Telephone Number (Cell, Beeper)	License Type: <input type="radio"/> Operator <input type="radio"/> CDL Class _____	
	Endorsement Code(s) _____	
	-State _____ -Exp. Date _____	
10. PRESENT HOME ADDRESS OR MAILING ADDRESS		
Street Address		
City	State	Zip Code
11. PREVIOUS HOME ADDRESS		
Street Address		
City	State	Zip Code

12. EDUCATION AND SPECIAL TRAINING (The City reserves the right to determine the acceptability of educational credentials)

HIGH SCHOOL

Circle highest grade completed 9 10 11 12

Did you graduate? Yes No Equivalency - GED Yes No If yes, from what State? _____

Name and location of last HIGH SCHOOL attended: _____
 Name City State

List Colleges/Universities Attended Below

Name	Major/Minor Field or Program of Study		
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Address	City	State
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# of Credits Received	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree Received (e.g. AA, BS, MA, PhD)
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Name	Major/Minor Field or Program of Study		
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Address	City	State
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# of Credits Received	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree Received (e.g. AA, BS, MA, PhD)
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List Special Training (Business, Trade, Vocational, Armed Forces Schools, Etc.) Below

Name	Course or Subject Taken		
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Address	City	State
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Total Months Completed	Licenses or Certifications		
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Name	Course or Subject Taken		
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Address	City	State
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Total Months Completed	Licenses or Certifications		
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13. EMPLOYMENT RECORD - List all jobs held in the last TEN years and any other jobs relevant to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC - all or part of your rating may depend on the information you provide. If additional space is needed, please use a continuation sheet. Any gaps in employment exceeding 90 days should be listed separately in Section 14. May we contact your present employer regarding your record of employment? Yes No

(Job 1) Present or Most Recent Job						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.	Telephone Number: _____
						Your Job Title: _____
Hours per week _____						Supervisor's Name, Title and Phone #: _____
Starting Salary \$ _____ per _____						Reason for Leaving Position: _____
Last Salary \$ _____ per _____						

Specific Duties: _____

Number and Titles of employees supervised (if applicable): _____

(Job 2) Previous Job						Employer: _____ Address: _____
From		To		Total Time		Telephone Number: _____ Your _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.	Job Title: _____ Supervisor's _____
						Name, Title and Phone #: _____
Hours per week _____						Reason for Leaving Position: _____
Starting Salary \$ _____ per _____						
Last Salary \$ _____ per _____						

Specific Duties: _____

Number and Titles of employees supervised (if applicable): _____

(Job 3) Previous Job						Employer: _____ Address: _____	
From		To		Total Time		Telephone Number: _____ Your _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.		
						Hours per week _____ Starting _____	
Salary \$ _____ per _____ Last _____						Reason for Leaving Position: _____	
Salary \$ _____ per _____							

Specific Duties:

Number and Titles of employees supervised (if applicable):

(Job 4) Previous Job						Employer: _____ Address: _____	
From		To		Total Time		Telephone Number: _____ Your _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.		
						Hours per week _____ Starting _____	
Salary \$ _____ per _____ Last _____						Reason for Leaving Position: _____	
Salary \$ _____ per _____							

Specific Duties:

Number and Titles of employees supervised (if applicable):

14. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT EXCEEDING 90 DAYS

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

15. SPECIFIC SKILLS - List below, the number of months/years applicable experience in skillfully operating machines, computers, heavy equipment, motorized equipment, etc., relative to the position(s) applied for.

No. of Months	Applicable experience

16. List current membership(s) in professional, job-related organizations:

17. List any active professional, technical, occupational licenses or certificates and registration you now hold:

18. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties:

19. VETERANS PREFERENCE: Pursuant to F.S. 295, eligible veterans and their spouses shall be given preference in appointment and retention in positions of employment. In order to receive preference, **supporting documentation must be submitted with this application.** (i.e. DD214, Statement of Disability Certification from the Department of Veterans Affairs)

Did you serve in the Armed Services? NO YES Is your discharge under honorable conditions? NO YES
Are you or have you ever been employed by the State of Georgia or one of its Counties, Cities, or political subdivisions? NO YES
Veteran's preference is available only for Georgia residents. Have you established Georgia residency? NO YES
Are you claiming Veterans' Preference? NO YES If yes, please check the category that applies to you:

- A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense **OR**
 The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power **OR**
 A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America **OR**
 The unmarried widow or widower of a veteran who died of a service-connected disability
 The Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veteran's Preference, provided the individual is otherwise eligible.

Please check the statement that applies to you:

Korean Conflict: 06/27/1950 - 01/31/1955 Vietnam Era: 02/28/1961 - 05/07/1975 Persian Gulf: 08/02/1990 - 01/02/1992

Any Armed Forces Expeditionary Medal received by a qualified applicant provides qualifying service for Veterans' Preference.

The Global War on Terrorism Expeditionary Medal is qualifying for Veterans' Preference, provided the individual is otherwise eligible.

An eligible veteran claiming preference who is not selected for a vacant position may file a complaint with the Georgia Department of Veterans Affairs, Floyd Veterans Memorial Building Suite E-970 Atlanta, GA 30334-4800. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision or within 3 months of the date of application if no notice is given. For additional information visit <http://sdvs.georgia.gov/portal/site/SDVS/>

20. Have you ever worked for the City of Riverdale? YES NO

If yes, please give date(s) of employment: _____

21. Are you related to a City employee or is any member of your household employed by the City of Riverdale?

Yes No If yes, please give the person's

Name: _____

22. Have you ever been a defendant in a civil action based on a claim by the plaintiff of an intentional wrong or injury on another person (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc.)? Yes No

If yes, state the nature of the injury claimed, and the current status of disposition of the claim, action, or lawsuit.

Nature of offense: _____ Name _____

and location of court: _____ Disposition _____

/status: _____ Date: _____

23. Since your 18th birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pled NOLO CONTENDERE (No Contest) to criminal charges, even if adjudication was withheld? Yes No If yes, please give:

Nature of the offense: _____ Name _____

and location of court: _____ Disposition _____

of case: _____ Date: _____

NOTE: Answering yes to either question 22 or 23 does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, etc. are given consideration.

24. How did you first learn about the position for which you are applying? Check the only response that applies.

Newspaper ad (please specify) _____

City of Riverdale Jobline

Professional Journal (please specify) _____

City Employee Name _____

City of Riverdale Website

High School/College or University

Other Website (please specify) _____

Other (please specify) _____

IMPORTANT: Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath as per Florida Statute, Section 876.05 and, (3) subsequent to an offer of employment, pass a medical examination by a physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, the City is required by federal law to verify having seen documents, which the applicant must provide as part of the employment processing that show the applicant's identity and right to work in the United States.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Riverdale is true and correct. I understand that if I am selected for an interview, I will be required to confirm the authenticity of this application by signing the application. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

Signature of applicant _____

Date: _____



APPLICANT VOLUNTARY SELF-IDENTIFICATION

Please read all instructions carefully before completing the form.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form may be completed by the applicant on a voluntary basis. It is not used for interview purposes. It will be filed separately from the application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

Please identify where you learned about an employment opportunity with the City of Riverdale.

- Newspaper Ad Internet Employee State Employment Agency
 Other _____

Applicant Information

Last Name _____ First Name _____ Middle Name _____

Address _____

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- Hispanic or Latino White (Not Hispanic or Latino) Black or African American (Not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) Asian (Not Hispanic or Latino)
 American Indian or Alaska Native (Not Hispanic or Latino) Two or More Races (Not Hispanic or Latino)



Notification Form Regarding Consumer Report

Prior to being hired and during the course of your employment, if hired, we may obtain a consumer report and/or an investigative consumer report about you for employment purposes.

The investigative consumer report, also known as a reference check, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or references supplied by you or others. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you or within five days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action, we will give you a pre-adverse action disclosure that includes a copy of the report and a copy of the document entitled "A Summary of Your Rights under the Fair Credit Reporting Act."

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative consumer report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicants Name _____

Social Security Number _____

Current Street Address _____

City, State, Zip Code _____

County _____

Telephone Number _____

Signature _____ Date _____

Witness Signature _____ Date _____



Release Authorization Form

I hereby authorize the Riverdale Police Department or the City of Riverdale Human Resources Department, to receive any criminal history information pertaining to me which may be in the files of any local, state or federal criminal justice agency. The authorization shall remain in effect from date of signature until such time as my application is rejected or, if employed, my employment is terminated.

I also request and authorize a review and full disclosure of all records concerning me to any authorized agent of the Riverdale Police Department or the City of Riverdale Human Resources Department, whether the records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; internal investigations and disciplinary records; financial or credit institutions or reporting agencies including loans, the records of commercial or retail credit agencies including credit reports and/or ratings, and other financial statements or records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veterans Administration; employment and pre-employment records; and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either civil or criminal, in which I have or have had an interest. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining the suitability for employment by the Riverdale Police Department.

A photocopy or facsimile of this release form will be as valid as an original, even though the photocopy or facsimile does not contain an original writing of my signature.

I hereby release any and all individuals, organizations, previous employers, reporting agencies, and others as stated above from any liability or damage, which may result from furnishing the requested information.

Signed this _____ day of _____ of _____

Signature _____

Printed Name _____

Notary Public

Seal

Date