

INSTRUCTIONS ON COMPLETING AND SUBMITTING APPLICATIONS
PLEASE READ CAREFULLY!!!

The City of Riverdale considers applicants for all positions without regard to race, color, religion, gender, national origin, age, or disability. Fill in all items thoroughly. We cannot accept applications that are incomplete, undated, or unsigned.

The City of Riverdale is a DRUG FREE WORKPLACE!

Completed Employment Applications may be submitted via: Mail or in person to:



City of Riverdale
 Attn: Human Resources Department
 971 Wilson Road
 Riverdale, GA 30296
 Fax: 770.909.5280
 Via email: employment@riverdalega.gov

Applications will be accepted in-person Monday-Thursday 8:00am – 6:00pm.

Applications only accepted for jobs that are posted.

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

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME:		DATE:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for the City of Riverdale? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____	
Are you related to anyone that works for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who? _____	
Are you related to any elected or appointed official? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who? _____	

DESIRED EMPLOYMENT

POSITION APPLYING FOR:

WHEN AVAILABLE:

EDUCATION (starting from the latest)

School	Type (High School, College, Other)	Date Graduated	Attainment

SPECIAL TRAINING (BUSINESS TRADE, VOCATIONAL, LICENSES, CERTIFICATIONS)

Name	Course Taken	Months Completed	Did you Graduate	Certification

WORK EXPERIENCE (Most Recent/ Current)

Company Name	From	To	Position	Current Salary

Reason for Leaving:

Duties:

May we contact your previous employer?

Name: _____ Title: _____ Phone Number: _____

WORK EXPERIENCE (Previous)

Company Name	From	To	Position	Ending Salary

Reason for leaving:

Duties:

WORK EXPERIENCE (Previous)

Company Name	From	To	Position	Ending Salary

Reason for leaving:

Duties:

WORK EXPERIENCE (Previous)

Company Name	From	To	Position	Ending Salary

Reason for leaving:

Duties:

MILITARY SERVICE

Branch	From	To

DISCLAIMER AND SIGNATURE

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. I further understand that any offer of employment is subject to successful completion of a drug screen and where necessary, other examination and background investigations.

Signature: _____

Date: _____