

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



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](mailto:employment@riverdalega.gov)

Applications will be accepted in-person Monday-Thursday 7:30am-6:30pm.  
 Note: *When submitting applications via email, please save a copy of the completed application and send as an attachment.*

**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

NAME:		DATE:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE:	EMAIL:		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the US.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when? _____
Are you related to anyone that works for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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)**

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:

**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. After 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 the 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: \_\_\_\_\_

Date: \_\_\_\_\_