



DEKALB COUNTY GOVERNMENT APPLICATION FOR EMPLOYMENT

DeKalb County Government is an Equal Opportunity Employer and therefore prohibits discrimination against any applicant on the basis of that person's race, color, religion, sex, national origin, political affiliation, age, handicap or disability, or any other legally protected factor, except when specific occupational qualifications are necessary for proper and efficient administration and/or otherwise allowed by law.

Please Print Clearly.

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE: _____ EVENING PHONE: _____

POSITION APPLIED FOR: _____

- Check the box(es) to the right for the type of work you are applying for:

<input type="checkbox"/> Full Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekends
<input type="checkbox"/> Day Shift	<input type="checkbox"/> Part Time	<input type="checkbox"/> Summer
<input type="checkbox"/> Other:	<input type="checkbox"/> Evening Shift	<input type="checkbox"/> Night Shift

- Have you been previously employed by DeKalb County? _____ YES _____ NO

If so, what department? _____ Dates: _____ to _____
MM/YYYY MM/YYYY

RECORD OF EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA OR DEGREE
			9	10	11	12		
HIGH SCHOOL		N/A					Yes _____ No _____	N/A
COLLEGE			1	2	3	4	Yes _____ No _____	
BUSINESS OR TRADE			1	2	3	4	Yes _____ No _____	
GRAD STUDIES			1	2	3	4	Yes _____ No _____	

RECORD OF EMPLOYMENT - Begin with current or most recent

EMPLOYER	ADDRESS	CITY	STATE	ZIP CODE
1.				
TITLE	SUPERVISOR NAME & TITLE		TELEPHONE NUMBER	
EMPLOYED		SALARY		
	_____	\$ _____		
	MM/YYYY	TO	MM/YYYY	START
				END
DUTIES				
REASON FOR LEAVING				
EMPLOYER	ADDRESS	CITY	STATE	ZIP CODE
2.				
TITLE	SUPERVISOR NAME & TITLE		TELEPHONE NUMBER	
EMPLOYED		SALARY		
	_____	\$ _____		
	MM/YYYY	TO	MM/YYYY	START
				END
DUTIES				
REASON FOR LEAVING				
EMPLOYER	ADDRESS	CITY	STATE	ZIP CODE
3.				
TITLE	SUPERVISOR NAME & TITLE		TELEPHONE NUMBER	
EMPLOYED		SALARY		
	_____	\$ _____		
	MM/YYYY	TO	MM/YYYY	START
				END
DUTIES				
REASON FOR LEAVING				

If you are currently employed, may we contact your present employer for a reference? ____ YES ____ NO

May former employers be contacted for references? ____ YES ____ NO

PERSONAL REFERENCES - Not Former Employers or Relatives

NAME AND OCCUPATION	COMPLETE ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

Answer the following items which are relevant to the position for which you are applying:

- 1) Typing Speed (words per minute): _____
- 2) With what office equipment, computer programs, etc. are you familiar?
- 3) Professional registration/license(s) and registration number(s):
- 4) Describe any special skills, knowledge or other experiences (i.e., volunteer work, hobbies, part-time or temporary work), related to the position for which you are applying: Include specific dates.
- 5) Are you fluent in any foreign language(s)? If so, please list the language(s).

I certify that all statements made on this application are true and correct. I understand that a false or misleading answer to any question(s) may be grounds for rejection of application and/or immediate termination if hired (no matter when discovered). I authorize DeKalb County to conduct or participate in an investigation of my personal background, work history, and police record as may be necessary to verify the information provided in this application and to determine my fitness to hold the position for which I have applied. I authorize that present and past employers, if so indicated in the above section, may provide DeKalb County with information concerning my employment with them.

Applicant Signature

Date