

5. Have you ever been convicted of, or pleaded guilty to a felony or misdemeanor, other than a minor traffic violation? Yes No Please list every incident. Failure to provide complete information may be considered as a disqualification for the position you seek.

If Yes: When: _____ Where: _____
For What: _____

If Yes: When: _____ Where: _____
For What: _____

**Conviction of a crime will not necessarily disqualify you from employment.*

SECTION B: EDUCATION AND TRAINING (NOTE: Failure to provide complete education information may result in lack of education credit and, therefore, possible disqualification for the position you seek.)

Are you a high school graduate? Yes No If not, do you have a GED? Yes No

High School Name/Address: _____

| College/University/ Technical School | Major Course Of Study | Years Completed | Type of Degree | Did you Graduate? |
|---|--------------------------|--------------------|-------------------|--|
| | | 1 2 3 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 1 2 3 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 1 2 3 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Certifications/Cont. Ed./Other Courses | School or Organization | Date Received |
|--|------------------------|---------------|
| | | |
| | | |

SECTION C: WORK HISTORY

Start with your current or most recent job. **IMPORTANT: TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST COMPLETE THIS SECTION INCLUDING ALL DATES AND SALARY HISTORY. PLEASE SPECIFY ALL DUTIES AND JOB SKILLS THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.**

| | | | | | | |
|-------------------------------|----------|----------------|------------------------------------|--|-------|-----|
| Organization/Firm | | Street Address | | City | State | Zip |
| From Mo/Yr | To Mo/Yr | Telephone | Supervisor's Name and Phone Number | | | |
| Job Title: | | | | | | |
| Describe Specific Job Duties: | | | | | | |
| | | | | | | |
| Starting Salary | | Ending Salary | | Reason for Leaving | | |
| | | | | May We Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SECTION C: WORK HISTORY (CONTINUED)

| | | | | | | |
|--|----------|----------------|------------------------------------|--------------------|-------|-----|
| Organization/Firm | | Street Address | | City | State | Zip |
| From Mo/Yr | To Mo/Yr | Telephone | Supervisor's Name and Phone Number | | | |
| Job Title: | | | | | | |
| Describe Specific Job Duties: | | | | | | |
| | | | | | | |
| Starting Salary | | Ending Salary | | Reason for Leaving | | |
| May We Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

| | | | | | | |
|--|----------|----------------|------------------------------------|--------------------|-------|-----|
| Organization/Firm | | Street Address | | City | State | Zip |
| From Mo/Yr | To Mo/Yr | Telephone | Supervisor's Name and Phone Number | | | |
| Job Title: | | | | | | |
| Describe Specific Job Duties: | | | | | | |
| | | | | | | |
| Starting Salary | | Ending Salary | | Reason for Leaving | | |
| May We Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

| | | | | | | |
|--|----------|----------------|------------------------------------|--------------------|-------|-----|
| Organization/Firm | | Street Address | | City | State | Zip |
| From Mo/Yr | To Mo/Yr | Telephone | Supervisor's Name and Phone Number | | | |
| Job Title: | | | | | | |
| Describe Specific Job Duties: | | | | | | |
| | | | | | | |
| Starting Salary | | Ending Salary | | Reason for Leaving | | |
| May We Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

If you need additional space, please continue on a separate sheet of paper.

SECTION E: SKILLS AND TRAINING

List any special skills, qualifications or certifications you have gained which relate to the position for which you are applying:

SECTION E: PERSONAL REFERENCES

Give names and addresses of three people, not related to you, who have knowledge of your work skills, experience and ability.

| NAME | ADDRESS | PHONE # | OCCUPATION |
|------|---------|---------|------------|
| | | | |
| | | | |
| | | | |

SECTION F: APPLICANT’S STATEMENT

AUTHORIZATION FOR RELEASE OF PERSONAL RECORDS

I authorize a full background investigation of all information contained in or attached to this application including contacting any or all employers, personal references or others who may have knowledge of my experience, skills and personal attributes. I certify that any entity or individual who releases any record consistent with this authorization shall not be held accountable for releasing any record or records and expressly release any entity or individual from any or all liability which could be incurred as a result of releasing said record or records.

I have read the foregoing and understand its contents. I also understand that the City of Kennesaw requires that I verify as true and accurate all information submitted by me on any application for employment. By my submission of this on-line application, I am declaring all information submitted is true and correct, just as though my signature were placed on this application to verify same. *I further understand that misrepresentation or omission of facts or information may result in disqualification for the position applied for, or if employed, disciplinary action up to and including dismissal.*

Signature: _____ **Date:** _____

Please attach any additional information with your application which you feel will help in the evaluation of your qualifications. Before you turn in your application to the Personnel Department, re-check your application to make sure it is correct and complete. Any offer of employment may be contingent on passing a criminal and/or credit check, drug/alcohol screen, and/or physical examination.

FOR PERSONNEL DEPARTMENT USE ONLY

Driver’s License Number: _____ Expiration Date: _____

State Issued: _____ Class: _____

Signature of Person Verifying Information: _____ Date: _____