

CLAYTON COUNTY COMMUNITY SERVICES AUTHORITY, INC.
1000 MAIN STREET/P. O. BOX 1808
FOREST PARK, GEORGIA 30298-1808
PHONE (404) 363-0575
FAX (404) 361-8395

CHARLES W. GRANT
EXECUTIVE DIRECTOR
COMPTROLLER

BEECHIE YATES

This company is an Equal Employment Opportunity Employer. We do not use personal information in our hiring process and are dedicated to hiring the person who is best suited for our jobs without any knowledge or consideration to any individual's membership in any protected class.

Any personal information found on this application or any supporting documentation will be removed as soon as it is discovered.

All applications received by this agency will only remain active until the end of each calendar quarter. On January 1st, April 1st, July 1st, and September 1st, all applications will be destroyed. If you still wish to be considered for employment after these dates, you will need to come in and fill out a new application.

DATE: _____

POSITION APPLIED FOR: _____

DATE YOU CAN START: _____

APPLICATION FOR EMPLOYMENT

Name _____
Last First Middle

Other Names Used _____

Address _____
Street City State Zip

Telephone # _____ Message # _____

Are you legally able to work in the United States? YES _____ NO _____
(Proof will be required upon hire)

Have you ever applied with this agency before? NO _____ YES _____ WHEN? _____

Have you ever worked for this agency before? NO _____ YES _____ WHEN? _____

PREVIOUS WORK EXPERIENCE

**List below your last four employers, starting with your most recent.
(Ten year work history needed)**

Employer Name _____

Address _____

Date Hired _____^{Street} To _____^{City} Length of Employment _____^{State} _____^{Zip}

Supervisor Name _____ Phone # _____

Position Held _____ Wages _____

Length of Time at Position _____

Previous Positions Held With This Employer _____

Duties _____

Reason for Leaving? _____

May We Contact This Employer? () YES () NO

Employer Name _____

Address _____

Date Hired _____^{Street} To _____^{City} Length of Employment _____^{State} _____^{Zip}

Supervisor Name _____ Phone # _____

Position Held _____ Wages _____

Length of Time at Position _____

Previous Positions Held With This Employer _____

Duties _____

Reason for Leaving? _____

May We Contact This Employer? () YES () NO

Employer Name _____

Address _____

Date Hired _____ Street To _____ City Length of Employment _____ State Zip

Supervisor Name _____ Phone # _____

Position Held _____ Wages _____

Length of Time at Position

Previous Positions Held With This Employer _____

Duties _____

Reason for Leaving? _____

May We Contact This Employer? () YES () NO

Employer Name _____

Address _____

Date Hired _____ Street To _____ City Length of Employment _____ State Zip

Supervisor Name _____ Phone # _____

Position Held _____ Wages _____

Length of Time at Position

Previous Positions Held With This Employer _____

Duties _____

Reason for Leaving?

May We Contact This Employer? () YES () NO

EDUCATION

High School Attended _____

Address (Complete) _____
Street City State Zip

Highest Grade Completed _____ Dates Attended _____ To _____

College Attended _____

Address (Complete) _____
Street City State Zip

Degree Received _____ Dates Attended _____ To _____

College Attended _____

Address (Complete) _____
Street City State Zip

Degree Received _____ Dates Attended _____ To _____

OTHER SKILLS, EDUCATION, AND/OR TRAINING THAT IS DIRECTLY RELATED TO THE POSITION YOU ARE APPLYING FOR (I.E. TRADE SCHOOL, ON-THE-JOB TRAINING PROGRAMS, VOLUNTEER EXPERIENCE, CERTIFICATES, LICENSES, COMPUTER COURSES, ETC.)

IF YOU ARE APPLYING FOR ANY POSITION THAT REQUIRES DRIVING PLEASE FILL OUT THIS SECTION

Do you have a valid Georgia Drivers License? Yes () No () If yes, give license # _____

How many reportable accidents have you had in the past 5 years? _____

How many moving violations have you had in the past 5 years? _____

NOTE: IF YOU ARE SELECTED FOR AN INTERVIEW, YOU WILL NEED TO BRING A COPY OF YOUR MOTOR VEHICLE REPORT THAT IS NO MORE THAN TWO WEEKS

OLD.

I certify all information given on this application and any supporting information is true and complete and I authorize a complete investigation. I agree that, if hired, I may be discharged if Clayton County Community Services, Inc. at any time learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration for not only this position but future positions as well. I authorize Clayton County Community Services Authority, Inc. to contact all former and current employer references listed and all educational institutions. All references are authorized to release all information requested which they might have about me. I hereby release Clayton County Community Services Authority, Inc. and all references from any liability which might be claimed because of information provided by such references.

I agree that, if hired, I will follow all agency policies, rules, procedures and all other directions. I understand I may terminate my employment at any time and for any reason without prior notice. I agree that if I am hired, I will be employed at the will of the agency and my employment can be terminated at any time, with or without notice.

I understand Clayton County Community Services Authority, Inc. is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, all finalists may be subject to a drug test prior to being hired to assure the agency that the applicant does not currently have narcotics, sedatives, stimulants, and other controlled substances and/or mood-altering substances in their body. I understand if I have any such substance in my body at the time of the drug test, Clayton County Community Services Authority, Inc. will not hire me. I further understand that at any time during my employment with this agency my supervisor, Director of Operations, Comptroller or Executive Director may require, as a term and condition of continued employment, a drug test if they have a reasonable suspicion that I am under the influence of any substance that might result in harm to myself or to others, or if I am involved in a preventable vehicle accident while doing agency business. I further agree to undergo a physical examination, at Clayton County Community Services Authority, Inc. expense, at any time the company makes such a request.

I further understand that if I am selected as a finalist for any position with Clayton County Community Services Authority, Inc., they will do an investigation of criminal convictions. (NOTE: You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as: the nature of the crime, the recency of the conviction, the type of work involved, etc.)

I understand the agency reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one at Clayton County Community Services Authority, Inc. has the authority to enter into any agreement, for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by the Executive Director or Comptroller.

APPLICANT SIGNATURE

DATE

SOCIAL SECURITY #

NOTE: NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT THAT DOES NOT SIGN THE ABOVE STATEMENT.

FOR ADMINISTRATIVE USE ONLY

INTERVIEWED BY: _____ DATE _____

HIRED: YES () NO () IF YES, DATE OF HIRE _____ SALARY _____

COMPONENT _____ POSITION _____

APPROVED BY: _____ DATE _____