

**TO APPLY* FOR AN OPEN POSITION AT CITY OF ROCKMART,
PLEASE CONTINUE WITH THE FOLLOWING STEPS:**

Applicants seeing employment with the Police Department must complete the **ROCKMART POLICE DEPARTMENT application.*

1. Fully complete the Application Packet.
2. **Notary Public** *must* be present to witness and notarize your signature on the **AUTHORIZATION FOR RELEASE OF BACKGROUND AND PERSONAL INFORMATION**.
3. Be sure to include a **valid email address**.
4. Attach a copy of your **Driver's License** or **Government Issued Photo ID**.
5. **Rockmart Fire Department** applicants *must* also attach copies of:
 - **High School Diploma** or **GED Certificate**
 - **Birth Certificate**
6. Place **Packet**, **Photo ID copy**, and **other required documents** in a **sealed manila envelope**.
7. Address the envelope to:

**CITY OF ROCKMART
ATTN: HUMAN RESOURCES
P.O. BOX 231
ROCKMART, GA 30153**

Be sure to include your **NAME, RETURN ADDRESS, EMAIL ADDRESS, AND PHONE NUMBER** on the top left of the envelope.

7. Submit the application packet at the City of Rockmart Human Resources Office, the Water Billing Office, or the Accounts Payable Clerk's office during regular business hours. You may also send it regular mail to the above address.
8. If you are selected for an interview, you will receive an invitation with a date and time to attend.

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CITY OF ROCKMART

316 North Piedmont Avenue – Post Office Box 231

Rockmart, Georgia 30153

www.rockmart-ga.gov

EMPLOYMENT APPLICATION

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including but not limited to, discrimination based upon ancestry, marital status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to the information obtained from a consumer reporting agency, including but not limited to information regarding credit date, personal character, general reputation, and mode of living. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

(PLEASE PRINT CLEARLY)

PERSONAL

Date: _____ Social Security No.: _____

Name: _____, _____
Last First Middle

Telephone No.: _____ Email: _____

Address: _____
No. Street

_____, _____
City State Zip Code

Are you eligible for employment in the U.S.A.? Yes ___ No ___

If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes ___ No ___

If no, hire is subject to verification that you are of minimum legal age.

Position Applied for: _____

Were you previously employed by us? Yes ___ No ___ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job-related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

EDUCATION

| School | Name and Address | Course of Study | Graduate/Diploma |
|--------------------|------------------|-----------------|------------------|
| Elementary | | | |
| High | | | |
| College/University | | | |
| Other (Specify) | | | |

EMPLOYMENT HISTORY (List below present and past employment, beginning with most recent.)

I. Name: _____
 Address: _____
 Telephone No.: _____ From: _____ To: _____
 Weekly Starting Salary: _____ Weekly Last Salary: _____ Supervisor: _____
 Reason for Leaving: _____

II. Name: _____
 Address: _____
 Telephone No.: _____ From: _____ To: _____
 Weekly Starting Salary: _____ Weekly Last Salary: _____ Supervisor: _____
 Reason for Leaving: _____

III. Name: _____
Address: _____
Telephone No.: _____ From: _____ To: _____
Weekly Starting Salary: _____ Weekly Last Salary: _____ Supervisor: _____
Reason for Leaving: _____

IV. Name: _____
Address: _____
Telephone No.: _____ From: _____ To: _____
Weekly Starting Salary: _____ Weekly Last Salary: _____ Supervisor: _____
Reason for Leaving: _____

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I – Yes ___ No ___ Employer II – Yes ___ No ___

Employer III – Yes ___ No ___ Employer IV – Yes ___ No ___

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation: _____
Address: _____ Phone No.: _____
City: _____ State: _____ Zip: _____

Name and Occupation: _____
Address: _____ Phone No.: _____
City: _____ State: _____ Zip: _____

Name and Occupation: _____
Address: _____ Phone No.: _____
City: _____ State: _____ Zip: _____

May we telephone you to follow up on this application at home? Yes ____ No ____

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes ____ No ____

If yes, what is the best time to call: _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if I am employed, any false statement on this application may result in my dismissal. I further understand that this application is not and not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to hire me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, any time, for any reason or no reason. No one other than an officer of the City of Rockmart has any authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

X _____

Signature of Applicant

Date



Dear Applicant:

Before completing the last page, you **MUST** be in the presence of a Notary Public.

Please **DO NOT SIGN** the *AUTHORIZATION* **until you are in the presence of a Notary Public.**

The *APPLICANT AUTHORIZATION FOR RELEASE OF BACKGROUND AND PERSONAL INFORMATION*, **MUST** have your signature **notarized** by a Notary Public before submitting this application packet for consideration.

Please be sure to include a copy of your **Driver's License** or **Government Issued Photo ID** with the application.

Thank you,

Human Resources
City of Rockmart

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**CITY OF ROCKMART
HUMAN RESOURCES DEPARTMENT**

APPLICANT AUTHORIZATION FOR RELEASE OF BACKGROUND AND PERSONAL INFORMATION

I, X _____, do hereby authorize a review and full disclosure of all records, personal information and employment history concerning myself as an applicant for employment to any duly authorized agent of the City of Rockmart, whether said records, information and/or history are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure pertaining to the following:

(PLEASE INITIAL EACH ITEM)

- A. Criminal / Background History X _____

- B. Motor Vehicle Report (MVR) / Driver History X _____

- C. Educational Verification / History X _____

- D. Employment Verification / Any and All Personnel
Records of All Previous Employments X _____

I also certify that any person(s) who may furnish such information concerning me, shall not be held accountable for providing or giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this signed release form will be valid as an original, even though the photocopy does not contain an original writing of my signature.

“The undersigned acknowledges and agrees that the City of Rockmart and its agents may, within its sole and absolute discretion, deny the undersigned application based upon any information obtained through this background check”.

X _____
Applicant Signature

Date

Date of Birth

Social Security Number

Driver’s License Number

Notary