



SEASONAL PARKS & RECREATION EMPLOYMENT/INTERNSHIP APPLICATION

City of Duluth
3167 Main Street
Duluth, GA 30096
770-476-3434
www.duluthga.net

NOT TO BE USED FOR POLICE DEPARTMENT POSITIONS

Position(s) Applying For		
Date of Application	Check ALL Types of Employment You Would Accept:	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer
How Did You Find Out About This Position?		

Your Full Name (Last, First Middle Suffix)		
Home Street Address		Apartment Number
City, State, ZIP		
Home Telephone	Cell Phone	Other Phone Number(s)
E-Mail Address		

THE CITY OF DULUTH IS AN EQUAL OPPORTUNITY EMPLOYER

The City of Duluth is an Equal Opportunity Employer. The City will conform with all applicable local, state, and federal laws concerning employment and will not illegally discriminate with regard to age, sex, sexual orientation, gender identity, race, color, religion, national or ethnic origin, disability, genetic information or other legally protected status or classification, except where mandated or permitted by law as a bona fide occupational qualification.

It is the policy of the City of Duluth to provide equal employment opportunity (EEO) for all applicants and employees. This EEO policy applies to all areas of employment including recruitment, hiring, training, promotion, compensation, benefits, transfer, and other terms and conditions of employment.

We offer assistance to applicants who may need reasonable accommodations with the application and/or interview process. Please notify the Human Resources department if you need assistance.

Rev. 02/05/2014; 7/16/2014; 2/19/2015; 2/26/2016; 2/7/2018

APPLICATION INSTRUCTIONS & AFFIDAVIT OF APPLICANT

As the Applicant, I state that I fully understand, acknowledge, and/or certify the following:

1. This employment application is NOT an offer of employment or a contract for employment. The completion of this application, or any other instrument, does not stand as an agreement or promise to hire the applicant, and any statement to the contrary is void. Department Heads and the City Manager are the only persons authorized to make an offer of employment.
2. This employment application is the basis for the employment screening process and background investigation conducted by the City of Duluth on applicant. Interviews are only conducted for highly qualified applicants once the applicant passes the screening process and the background investigation. Not all applicants are interviewed.
3. **Your ability to complete this application will be evaluated and used as one basis for employment decisions.**
4. **Incomplete Applications will not be processed. ALL pages of the application package must be returned—including blank pages.**
5. Applicants will be given consideration for open positions only.
6. You may complete this application electronically or print it out and handwrite it. Use only black or dark blue ink if handwritten.
7. Complete all questions. The answers that you provide on this application must be full and complete. Any information that is erroneous in nature or not provided on this application, whether intentional or unintentional, may constitute the basis for your elimination from consideration for employment. Please be sure that you carefully consider each and every question asked of you by this application and that you provide honest and complete information. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the position. You may think that something you have done will disqualify you from further consideration—it may or may not; but what will certainly disqualify you from further consideration is not being honest about it.
8. Any question not pertaining to you individually, list as “N/A” for Not Applicable. Do not use abbreviations unless they are commonly recognized.
9. Applications and all other submitted documents become the property of the City of Duluth and cannot be returned. Applicants may wish to make a copy of their completed application for their own records. DO NOT submit originals of documents—they cannot be returned.
10. That if I do not wish to answer a question in the application process, I may do so; however I understand that my application will not be processed.
11. That I have read and understand all questions and instructions in this application.
12. That my answers during the hiring process are, and will be, truthful, accurate, and complete to the best of my knowledge and belief.
13. That discovery of intentional omissions, incorrect or misleading answers, or concealment of fact may be a basis for the termination of the application process, or if hired may result in discharge whenever it is discovered; and may result in criminal prosecution for the offense of “False Statements” under Georgia Law section 16-10-20, which is a felony punishable by a maximum fine of \$1,000 or imprisonment for not less than one (1) or more than five (5) years, or both.

Sign your Initials: _____

14. That the City of Duluth operates within the scope of various policies and procedures and that if an offer of employment is made and accepted, the applicant agrees to work in accordance with the policies and procedures of the City of Duluth and its departments, as well as federal, state, and local laws and ordinances.
15. I understand that any offer of employment is contingent on my passing a comprehensive background investigation and I authorize investigation of all items in the application in order to assist the City in arriving at an employment decision and I voluntarily agree to submit to the hiring process. I understand that this includes various processes based on the position I may be considered for, and may include, but is not limited to:
 - Various requests for information and interviews of persons and organization which have information relevant to my qualifications for employment (including present and past employers, and personal and professional references)
 - Examinations and testing of my knowledge, skills, and abilities
 - Psychological, medical, and physical examinations and tests (including drug screening)
 - Polygraph examination, and/or voice stress analysis examination
 - Verification of my drivers/criminal history and drivers license status
16. I understand that failure to pass any part of the hiring process may result in withdrawal of any offer of employment.
- 17. That any employment relationship with the City of Duluth is “at-will” in nature and for an indefinite period, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause or notice. It is further understood that this “at-will” employment relationship may not be changed by any written document or conduct unless such change is specifically authorized and acknowledged in writing by the City Council of Duluth.**
18. That the City of Duluth reserves the right to change my wages and any other conditions of employment, benefits, and operating policies and procedures at any time.
19. That upon termination of any employment with the City of Duluth, I must return all property issued to me by the City of Duluth or any of its Departments or Agencies, or make suitable restitution for same.
20. Compensatory Time for Non-Exempt Positions (Fair Labor Standards Act Disclosure): That as a condition of employment in a non-exempt position, I agree to receive compensatory time instead of cash payment for overtime wages. I also understand that when I leave City employment that any accrued compensatory time will be paid based on my final rate of employment.
21. Withholding of Final Paychecks & Annual Leave (Fair Labor Standards Act Disclosure): That as a condition of employment, I agree that the City may withhold the appropriate amount of monies from my last check(s) and annual leave and compensatory time balances if I terminate employment and do not turn in all City-owned and issued property in acceptable condition, or if I owe money to the City.
22. That I understand and acknowledge that if any information presented in this application changes between the time I submit the application and any offer of employment is made, that I must advise the City of Duluth of those changes in writing.
23. That the information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.
24. That I understand and acknowledge that this application for employment will be considered active for a period of time not to exceed 6 months, and that if I wish to be considered for employment after that, I must submit another application.

PRINTED **Full** Name: _____

The typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act (O.C.G.A. § 10-12-1 et seq.)

Normal Signature: _____ Date: _____

1. Are you legally able to accept employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If hired, will you be able to provide proof of identity and authorization to work in the United States as required by the Immigration Reform and Control Act of 1986; and if under 16 years of age you will be able to furnish a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you read the job posting for the position(s) you have applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you capable of performing in a safe and reasonable manner the activities involved in the job for which you have applied, with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If your position requires it, will you work shifts, holidays, weekends, non-daytime hours and/or rotating shift assignments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will you follow the policies, procedures, and directives of the City of Duluth and its supervisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you agree to accept changes in the duties and responsibilities of your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been employed or served with us before? If yes, when? _____ What job? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are any members of your family or any relative (by blood or marriage) employed by or serving the City of Duluth? If yes, list their name(s), relationships, and job title: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you own a business or have a second job which you expect to keep if hired? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

- List your entire employment history for at least the past ten (10) years **but you are encouraged to list more.**
- Start with your present (or most recent) job first, and work backwards.
- List ALL military service, self-employment, and seasonal or part-time jobs no matter how little time was involved.
- Describe the specific duties of each job, beginning with primary duties
- If you worked for the same employer but held significantly different jobs, list and describe each job separately.
- If more space is required, you may attach additional copies of employment pages.
- Do NOT write “see resume” as the answer to any question.
- Employment history information will be verified by background investigation.
- **You MUST provide COMPLETE contact information for your employers, including full addresses and phone numbers.**

Company Name		Phone Number	
Street Address			
City, State, ZIP			
Type of Business			
Supervisor's Name		Supervisor's Phone Number	
Dates Worked From: _____ To: _____		Total Time Employed: ____ Yrs ____ Mos.	
Starting Pay: \$ _____ per _____		Ending Pay: \$ _____ per _____	
Job Title:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____
Description of Job Duties:			
What did you like MOST about this position?			
What did you like LEAST about this position?			
Number & Types of Employees You Supervised:			
Reason for Leaving			
May We Contact This Employer Now? <input type="checkbox"/> Yes <input type="checkbox"/> Only later, after an Offer of Employment			
May We Contact YOU at this job? <input type="checkbox"/> No <input type="checkbox"/> Yes – Number to Call is: _____			

You may make additional copies of this page if you need to.

Company Name		Phone Number
Street Address		
City, State, ZIP		
Type of Business		
Supervisor's Name		Supervisor's Phone Number
Dates Worked From: _____ To: _____		Total Time Employed: ___ Yrs ___ Mos.
Starting Pay: \$ _____ per		Ending Pay: \$ _____ per
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____
Description of Job Duties:		
What did you like MOST about this position?		
What did you like LEAST about this position?		
Number & Types of Employees You Supervised:		
Reason for Leaving		
May We Contact This Employer Now? <input type="checkbox"/> Yes <input type="checkbox"/> Only later, after an Offer of Employment		
May We Contact YOU at this job? <input type="checkbox"/> No <input type="checkbox"/> Yes – Number to Call is:		

Company Name		Phone Number
Street Address		
City, State, ZIP		
Type of Business		
Supervisor's Name		Supervisor's Phone Number
Dates Worked From: _____ To: _____		Total Time Employed: ___ Yrs ___ Mos.
Starting Pay: \$ _____ per		Ending Pay: \$ _____ per
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____
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Number & Types of Employees You Supervised:		
Reason for Leaving		
May We Contact This Employer Now? <input type="checkbox"/> Yes <input type="checkbox"/> Only later, after an Offer of Employment		
May We Contact YOU at this job? <input type="checkbox"/> No <input type="checkbox"/> Yes – Number to Call is:		

List and describe any disciplinary actions at any job within the last 10 years.

None Initials: _____

Have you ever been asked to resign, or been discharged from a job, or resigned to avoid discharge, or resigned while under investigation? *If so, please describe.*

No Initials: _____

TRAINING & SKILLS

Describe any job-related training you have received.

None Initials: _____

DATE	COURSE/SUBJECT MATTER	LOCATION	HOURS

Indicate any foreign languages (including sign language) you can speak, read, and/or write by putting the name of the language in the correct box(es) below. English is NOT a foreign language.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Can you communicate orally and in writing in English at a level sufficient to deal effectively with co-workers, supervisors and the general public? Yes No

Do you have a valid driver's license? Yes No If learners' permit check here:

EDUCATION

<p>Indicate your <u>highest</u> level of academic education from an accredited institution.</p> <p style="text-align: center;">Mark only <u>ONE</u> box. →</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No High School Diploma or G.E.D. <input type="checkbox"/> High School Diploma or G.E.D. <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Law Degree <input type="checkbox"/> Doctoral Degree
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IMPORTANT: List the address where records are kept (such as the central administrative offices), NOT the address where you may have attended.

HIGH SCHOOL (Last one, if more than one)

Name of School:			
Street Address, City, State, & ZIP:			
Phone & FAX:	Phone:	FAX:	
Dates of Attendance:			
List Degree, Diploma, or Certificate Earned and Year:		G.P.A.	
Name Used While Attending:			

COLLEGES, VOCATIONAL/TECHNICAL/BUSINESS SCHOOLS, PROFESSIONAL SCHOOLS & MILITARY SERVICE SCHOOLS

Name of School:			
Street Address, City, State, & ZIP:			
Phone & FAX:	Phone:	FAX:	
Dates of Attendance:			
List Degree, Diploma, or Certificate Earned and Year:		G.P.A.	
Major or Concentration:			
Number & Type of Credits Earned: (do not just check the box)	___ Quarter Hours	___ Semester Hours	___ Clock Hours
Name Used While Attending:			

You may make more copies of this page if necessary.

Name of School:		
Street Address, City, State, & ZIP:		
Phone & FAX:	Phone:	FAX:
Dates of Attendance:		
List Degree, Diploma, or Certificate Earned and Year:		G.P.A.
Major or Concentration:		
Number & Type of Credits Earned: (do not just check the box)	___ Quarter Hours	___ Semester Hours ___ Clock Hours
Name Used While Attending:		

Name of School:		
Street Address, City, State, & ZIP:		
Phone & FAX:	Phone:	FAX:
Dates of Attendance:		
List Degree, Diploma, or Certificate Earned and Year:		G.P.A.
Major or Concentration:		
Number & Type of Credits Earned: (do not just check the box)	___ Quarter Hours	___ Semester Hours ___ Clock Hours
Name Used While Attending:		

Name of School:		
Street Address, City, State, & ZIP:		
Phone & FAX:	Phone:	FAX:
Dates of Attendance:		
List Degree, Diploma, or Certificate Earned and Year:		G.P.A.
Major or Concentration:		
Number & Type of Credits Earned: (do not just check the box)	___ Quarter Hours	___ Semester Hours ___ Clock Hours
Name Used While Attending:		