



**HUMAN RESOURCES DEPARTMENT**

100 CHEROKEE STREET SECOND FLOOR  
MARIETTA, GEORGIA 30090-7006  
PHONE: (770)528-2535

**APPLICATION FOR EMPLOYMENT**

COBB COUNTY GOVERNMENT

JOB OPPORTUNITIES LINE:

(770) 528-2555

WWW.COBBCOUNTY.ORG

DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

(Last) (First) (Middle Initial)

Address: \_\_\_\_\_

(City) (State) (Zip Code)

Daytime Telephone: ( ) Evening Telephone: ( ) E-mail Address: \_\_\_\_\_

**Position applied for:**

Position Name \_\_\_\_\_

Position Number **FOR OFFICE USE ONLY** \_\_\_\_\_

Are you willing to work shift work (nights, holidays, weekends, etc.)?  
 Yes  No  
 Full Time  Part Time  Temporary

Date available for employment: \_\_\_\_\_

**A separate application must be used for each position.**

Are you at least 18 years of age?  Yes  No Are you able to perform all the duties listed in the job announcement?  Yes  No

If you answered No concerning the job duties, please explain.

**EDUCATION**

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

High School Name: \_\_\_\_\_ Location: \_\_\_\_\_

College/University Name and Location	Major Course of Study	Number of Years Completed	Degree Earned	Type of Degree
		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	

**GENERAL INFORMATION**

Will you accept the approved starting pay for the position(s) you have applied for?  Yes  No

Have you ever been employed with Cobb County Government?  Yes  No If Yes, when? \_\_\_\_\_ Department/Office \_\_\_\_\_

Are you related to anyone currently employed by Cobb County Government?  Yes  No Relative's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Department \_\_\_\_\_

Can you submit legal verification of your right to work in the United States?  Yes  No In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

How did you learn of this employment opportunity?  
 Employment Board  TV 23  Referral \_\_\_\_\_  
 Job Opportunities Line  Newspaper  Career Fair \_\_\_\_\_  
 Internet- Cobb  Radio  Other \_\_\_\_\_  
 Internet- Other  Department of Labor

**Active Military Service (list date, serial or service number for all active service)**

From: \_\_\_\_\_ To: \_\_\_\_\_ Serial or Service Number: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

## EMPLOYMENT RECORD

Describe your work history beginning with your current or most recent job. Include military and/or volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers are necessary. A resume may be attached *only* as additional information and will not be accepted in lieu of completing this section.

May we contact your current employer?  Yes  No

Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr /	To Mo/Yr /	Telephone ( ) -	Supervisor's Name and Phone Number ( ) -			
Starting Salary	Leaving Salary	Reason For Leaving				

Official Job Title:  Full-time  Part-time  Seasonal/Temporary

Describe Specific Job Duties:

Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr /	To Mo/Yr /	Telephone ( ) -	Supervisor's Name and Phone Number ( ) -			
Starting Salary	Leaving Salary	Reason For Leaving				

Official Job Title:  Full-time  Part-time  Seasonal/Temporary

Describe Specific Job Duties:

Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr /	To Mo/Yr /	Telephone ( ) -	Supervisor's Name and Phone Number ( ) -			
Starting Salary	Leaving Salary	Reason For Leaving				

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Describe Specific Job Duties:

Organization/Firm		Street Address		City	State	Zip Code
From Mo/Yr /	To Mo/Yr /	Telephone ( ) -	Supervisor's Name and Phone Number ( ) -			
Starting Salary	Leaving Salary	Reason For Leaving				

Official Job Title:  Full-time  Part-time  Seasonal/Temporary

Describe Specific Job Duties:

**DRIVING HISTORY**

**Please complete this section only if applying for a position that requires operating a vehicle or equipment.**

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which state?	Driver's license no.	Date of expiration:
Do you have a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which state?	Which type?	Date of expiration:

I hereby direct the Department of Public Safety of Georgia, or any other authorized agency to whom this authorization may be presented, to release to the Cobb County Human Resources Department an abstract of my driving record for the past three-year period to be reviewed by the Human Resources Department for use in processing my employment application and determining my suitability for various job assignments.

**Applicant's Signature:** \_\_\_\_\_

**PUBLIC SAFETY**

**Please answer the following when applying for a Public Safety position:**

<b>Police Officer, Deputy Sheriff:</b>	Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you at least 21 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Firefighter:</b>	Are you at least 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>911 Operator:</b>	Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SKILLS AND TRAINING**

**Please complete this section if applying for a position that requires the following skills:**

**Computer Skills:**

<b><u>Word Processing</u></b>	<b><u>Spreadsheet</u></b>	<b><u>Database</u></b>	<b><u>Graphics</u></b>	<b><u>Electronic Mail</u></b>
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Power Point	<input type="checkbox"/> iNotes
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> PageMaker	<input type="checkbox"/> Outlook
			<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Keyboarding Speed:** \_\_\_\_\_

**Data Entry Speed:** \_\_\_\_\_

If you are able to communicate in languages other than English, please provide information regarding other languages spoken and your skill level.

\_\_\_\_\_

\_\_\_\_\_

What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S STATEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment. I further understand that should employment be offered, my employment and compensation may be terminated with or without cause at any time by either the County or myself. I understand that submission of this application in no way assures me a position and that no County representative has the authority to enter into any employment agreement with me contrary to the foregoing.

I understand that failure to submit a complete application may disqualify me from consideration for a position.

I understand that if employed, any misstatement or omission of fact in this application may result in my dismissal at any time during my employment with Cobb County Government.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to this application and the employment procedures of Cobb County Government. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand resumes, letters of reference, etc., submitted with the application become the property of Cobb County Government and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Cobb County Government does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.*

HUMAN RESOURCES DEPARTMENT -- INTERNAL USE ONLY

Date application was received: \_\_\_\_\_ Initials of HR representative: \_\_\_\_\_