

FOR OFFICE USE ONLY
Date Received
Job Title Applied For



City of Byron
 401 Main Street
 Byron, GA 31008
*An Equal Opportunity
 Employer*

APPLICATION FOR EMPLOYMENT

Read this page before completing the application

The City of Byron is firmly committed to a policy of Equal Employment Opportunity and does not discriminate against applicants because of race, color, religion, sex, national origin, disability, age and genetics.

This application is to be used for employment consideration for all positions with the City of Byron and all of its departments.

I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED ACTIVE FOR JOB VACANCIES WHICH OCCUR ONLY DURING THE NEXT SIX (6) MONTHS. IF I WISH TO BE CONSIDERED FOR JOB VACANCIES OCCURRING AFTER THAT PERIOD OF TIME, I MUST RENEW MY APPLICATION. IF I WISH TO BE CONSIDERED FOR OTHER JOB TITLES, I MUST APPLY FOR THEM INDIVIDUALLY.

ALL INFORMATION SUBMITTED MAY BE SUBJECT TO PUBLIC REVIEW UNDER THE GEORGIA OPEN RECORDS ACT.

I HAVE READ THE INFORMATION ABOVE AND AGREE.

Print Name

Date

Signature of Applicant

Job Title Applying For

All Signatures MUST be ORIGINAL Signatures

NOTICE: Your responses must be typewritten or clearly printed in ink. Each question must be answered. If a question does not apply to you, place "N/A" in the blank provided.

Name (Last, First, MI)

Social Security Number

Address

Telephone

Address

Cellular Phone

City, State, ZIP

Email

Drivers License State, Number and Class

Over 18 (Yes/No) U.S. Citizen (Yes/No)

List ALL residences for the past five (5) years, beginning with the most recent, including college and/or military residences.

Dates: From	To	Street Address	Apt	City	State	ZIP

EDUCATION: List ALL education information beginning with High School.

Name of School	City/State	Number of Years Attended	Major/Minor	Degree and/or Diplomas Received

EMPLOYMENT: List ALL employment for the past five (5) years.

Employer Name and Address	Date From	Date To	Salary	Work Performed	Supervisor Name	Reason for Leaving	OK to Contact (Yes/No)

Have you ever been suspended, dismissed, demoted or asked to resign from any employment or position you have held?

_____ Yes/No

If you answered YES to the above question:

_____ Employer's Name

Reason: _____

Have you received any traffic violations in the past 3 years?

_____ Yes/No

If you answered YES to the above question describe: _____

Have you been convicted, plead guilty or no contest to a felony or misdemeanor?

_____ Yes/No

If you answered YES to the above question:

Date	Place	Charge	Disposition	Details

List any additional employment, job-related skills, abilities, training or experience that may add to your qualifications for the position that you are applying for:

List one (1) previous employment reference and two (2) other references that are not related to you:

Name	Business Name/Address	Title	Telephone

If under 18 years of age, list name, address and telephone of parent and/or guardian:

I understand that all appointments are probationary for a period of twelve (12) months, during which time I must demonstrate my willingness and ability to perform all of my job functions in order to continue my employment with the City of Byron. I am further aware that willfully withholding information or making false statements on this application will be a basis for denial of a position prior to employment, and should such willful withholding or false statements become evident after hiring, such evidence will constitute sufficient grounds for dismissal from employment with the City of Byron. I further understand that if I am selected for employment with the City of Byron, that I must comply with any and all provisions of any immigration laws by providing documentary proof of identity and employment authorization prior to commencing work. Any offer of employment is contingent upon all pre-employment conditions being met, including, but not limited to, the City of Byron receiving drug screening, criminal background and driver history reports. I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I authorize the City of Byron to investigate my previous work performance and to confirm any knowledge, skills and abilities required to qualify me for the position I have indicated on this application.

Printed Name

Signature of Applicant

Date

Signature of Witness



EMPLOYEE DRUG AND ALCOHOL SCREEN CONSENT FORM

I, _____, hereby understand that, as a condition of my employment, I may be subject to drug and/or alcohol testing for any of the following reasons:

Pre-employment
Post-Hire
Post-Accident

Cause of Suspicion
Random
Promotion and/or Job Transition

I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of the City of Byron's policies and is cause for immediate termination.

I understand and accept the terms of this agreement as a condition of my employment.

Print Name

Date

Signature of Applicant

**City of Byron
401 Main Street
Byron, GA 31008
(478)956-3600**



CRIMINAL HISTORY RECORD INFORMATION/FINGERPRINT SUBMISSION CONSENT FORM

I hereby authorize the City of Byron to receive any Criminal History Record Information pertaining to me which may be in the files of any state of or local criminal justice agency.

_____	_____
Full Name	Date of Birth
_____	_____
Address	Sex Race Social Security
_____	_____
City, State, ZIP	Reason Fingerprinted

Special Employment Provisions (Check if Applicable)

- Employment with Mentally Disabled (Purpose Code "M")
- Employment with Elder Care (Purpose Code "N")
- Employment with Children (Purpose Code "W")
- Employment with Criminal Justice Agency – Non Sworn (Purpose Code "J")
- Employment with Criminal Justice Agency – Sworn (Purpose Code "Z")

One of the following must be checked and completed:

- This authorization is valid 90/180/___ (Circle one) days from date of signature.
- I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

_____	_____
Signature	Date

Notice to Employers:

If an adverse decision is made concerning employment or licensing against the person whose record was obtained, under the law, the person shall be informed that a record was obtained and the specific contents of the record and the effect the record had upon the decision. Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

Results: _____ Record Attached/Released

 _____ Search of the record of GCIC/NCIC against the applicant shows no criminal history or active warrants entered into the Criminal Justice Information Files, the central repository for all criminal history files.

_____	_____
Attested By	Date
Byron Police Department	



MOTOR VEHICLE RECORD REQUEST

Name (As shown on driver's license)

Driver's License State and Number

Date of Birth

Job Title

Will you be furnished a city vehicle?

Yes No

____ ____

Has your license ever been suspended or restricted?

____ ____

List any accidents or violations that you have had in the past 3 years.

In compliance with Public Law 91-508 (The Fair Credit Reporting Act), as amended by Public Law 104-208 (The Consumer Credit Reporting Reform Act) and applicable State Law, this notice is to inform you that a consumer report, criminal background or motor vehicle report may be obtained in connection with your application for employment with the City of Byron.

I understand that my employment is contingent upon an acceptable driving record that meets the standards of the insurance company and the City of Byron.

If hired, I understand my driving records will be checked periodically for acceptability.

By signing below, I authorize the City of Byron or the City's insurance company to obtain a consumer report, criminal background or motor vehicle report and provide a copy of same to the City of Byron, if requested.

Notary Public

Signature

My Commission Expires _____

Date

**City of Byron
401 Main Street
Byron, GA 31008
(478)956-3600**



CITY OF BYRON FIRE DEPARTMENT

Employment Application Annex

Fire Department Applicants: Complete and sign the following pages and include with original application submission along with copies of your driver's license, social security card, and birth certificate.

Dear Firefighter Applicant:

Thank you for your interest in a firefighter position with the City of Byron Municipal Government. We are accepting applications for the position of firefighter. Attached as an annex to your City employment application, you will find the additional information and application pages that you will need to complete for this position. For your convenience, there is a checklist included in your packet. Please provide all of the information that is requested. Failure to do so could disqualify you from consideration for this position.

To be considered for the position of firefighter, you may be asked to participate in the following processes:

Comprehensive physical ability testing

Written firefighter aptitude testing

Written general aptitude testing

Practical exercise aptitude testing

You may also be asked to participate in further testing, including, but not limited to, pre-employment medical examination, drug screen, board interviews, and psychological examination. All procedures must be passed, however passing DOES NOT guarantee employment.

Again, thank you for your interest in employment with the City of Byron Fire Department. Please note that phone calls, emails, and walk-in questions are not accepted during this hiring process.

**** For Fire Department Applicants Only ****

Fire Department Applicant Checklist

- City of Byron Employment Application
- Fire Department Employment Application Annex
- Undeleted certified copy of DD-214(s) for military service
- Copies of firefighter certifications and/or training transcripts
- Copies of valid driver's license, social security card, and birth certificate
- Employment application forms completed, signed, and notarized (if applicable)
 - Georgia Driver's History Consent Form
 - Criminal History Record Information/Fingerprint Submission Consent Form
 - Authorization to Release Information Form
 - Authority to Release Information Form Letter
 - Reference Release Statement
 - Certifications and Eligibility Form
- Verify that all forms are filled out completely and signed
- Deliver or mail prior to the deadline

Georgia Bureau of Investigation

Revised 04 May 2015

**** For Fire Department Applicants Only ****

Authorization to Release Information
Conditions of Employment

I have made application for employment with the City of Byron Municipal Government. I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by the City of Byron Municipal Government, I agree to conform to the policies, rules, orders, and regulations of the government set forth in the City of Byron Municipal Government, the City of Byron Fire Department, Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with the City of Byron Municipal Government, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until such time that I am no longer on my probationary period, and become a regular status employee.

If required by City of Byron Municipal Government for the position for which I am applying, I consent to undergo a physical examination and/or psychological examination after I have received a conditional offer of employment.

*THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY- (90-) DAYS ONLY
UNLESS RENEWED PERSONALLY BY ME IN WRITING.*

Before an applicant can be employed with the City of Byron Municipal Government, they must successfully pass a drug test.

Should you become an employee with the City of Byron Municipal Government, your position may require random drug testing.

May we contact your present employer? **Yes** **No** **Presently not employed**

You must sign the "**Authorization to Release Information**" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____

Signature: _____

Revised 04 May 2015

** For Fire Department Applicants Only **

**AUTHORITY TO RELEASE INFORMATION TO
CITY OF BYRON MUNICIPAL GOVERNMENT**

To Whom It May Concern:

I hereby authorize representatives of the City of Byron Municipal Government bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records, including, but not limited to, academic achievement, attendance, athletic, and disciplinary records. I hereby direct you to release such information upon request of bearer.

This release is executed with full knowledge and understanding that the information is for the official use of my firefighter application. Consent is granted for the City of Byron Municipal Government to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or education institution, or other consumer reporting agency, or retail business establishment, including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of this release, you may contact me at the address indicated below.

I understand that my application will be subject to verification through a comprehensive background investigation.

Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of applicant's employment process and/or dismissal.

Full legal name: _____ <div style="text-align: center;"><i>(Signature)</i></div> _____
<i>(Print or Type)</i>
Social Security Number: _____ Phone: _____
Current address: _____ _____
Notary public: _____ <div style="text-align: center;"><i>(Must have signature and seal/stamp)</i></div>

** For Fire Department Applicants Only **

Revised 04 May 2015

**CITY OF BYRON MUNICIPAL GOVERNMENT
REFERENCE RELEASE STATEMENT**

I authorize the addressed individual, company, or institution to furnish City of Byron Municipal Government with any information that they may have concerning me which they have on record or otherwise; and I release such individual, company, or institution and City of Byron Municipal Government from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

Printed Name of Applicant

Social Security Number

Signature of Applicant

Date of Signature

Applicant-do not write below this line

To: _____

From: City of Byron Fire Dept.
103 Georgia Highway 49 South
Byron, Georgia 31008
Attn: Fire Chief
Phone : (478) 956-3611
Fax: (478) 654-6612

The job applicant named above has applied for employment with an agency of City of Byron Municipal Government and lists your organization as a present or previous employer. We would very much appreciate your help and cooperation by candidly evaluating this applicant's performance while employed by your organization. You may return this form to us by mail (address above), by fax, or call our representative named above.

PLEASE RATE THE FOLLOWING:	EXCELLENT	GOOD	FAIR	POOR
Responsiveness to Supervision				
Cooperation				
Quality_				
Quantity of Work				
Timeliness of Work				
Attendance/Punctualitv				

Dates of employment: From: _____ To: _____ Position: _____

Reason for leaving: _____

Would you re-employ? _____ If no, why not? _____

Other pertinent comments: _____

Completed by: _____

Date: _____

** For Fire Department Applicants Only **

Revised 04 May 2015

Alcohol and Controlled Substance Testing

As a condition of employment with the City of Byron Municipal Government., you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment and abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. The Drug-Free Workplace Act of 1988 mandates this requirement. In order to be employed by the City of Byron Municipal Government, you must successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date: _____ Signature: _____

Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The City of Byron Municipal Government is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of the City of Byron Municipal Government.

Date: _____ Signature: _____

Resumes, letters of reference, etc. submitted with the application become the property of the City of Byron Municipal Government and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

Applicant's Certification of Employment Eligibility

By my signature below, I certify that I am in compliance with O.C.G.A. 13-10-91 and that I am a citizen, legal permanent resident, or a qualified alien or nonimmigrant and I am eligible to work in the United States.

Date: _____ Signature: _____

ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES.

** For Fire Department Applicants Only **

Revised 04 May 2015