



## INSTRUCTIONS FOR COMPLETING AN APPLICATION PACKET FOR EMPLOYMENT WITH THE CITY OF CORNELIA

1. Fill out and return the entire application packet including names of supervisors, telephone numbers, addresses, duties, etc. A notation of “See Résumé” or “See Attached” is not acceptable and will not be used for evaluation purposes.
2. You must apply for an exact job title (only one job title per application packet, i.e. Police Officer, Equipment Operator, Laborer, etc.). A job description for the job title for which you are applying is available for your review.
3. You may be asked to provide documentation for employment eligibility and for all minimum job requirements such as a driver’s license, high school diploma, P.O.S.T. certification, etc. **All applicants of the City of Cornelia must successfully pass pre-employment drug testing and a background investigation which may include the information listed on the application, driving history and, criminal history for all applicable jobs.** Applications are not rejected because of minor omissions or deficiencies that can be corrected prior to the interviewing or testing process.
4. Application packets will not be reviewed before the closing date for each job advertisement. Any application packet received after the closing date will not be considered for that advertised vacancy. If selected, you will be notified by phone or email for a scheduled personal interview.
5. Applications will remain active for a period of 3 months (Non-Public Safety applicants) and 12 months (Public Safety applicants). It will, however, be kept on file for 3 years per the City of Cornelia’s retention schedule. You must complete a new application packet once the application has become inactive. We do not update or renew inactive application packets. We will not notify you of the inactive status of your application packet.
6. We will not accept résumés in lieu of the application packet; however, you may submit a copy of your résumé along with the application. An incomplete application packet or misleading information will immediately disqualify you from consideration during our selection process.
7. Any person convicted for the first time of any criminal offense involving the manufacture, distribution, sale or possession of a controlled substance, marijuana or a dangerous drug shall be ineligible for employment for a period of 3 months from the date of conviction. Any person convicted two or more times shall be ineligible for employment for a period of 5 years from the date of the most recent conviction.
8. An offer of employment for any position is contingent upon the successful completion of a satisfactory background investigation, a pre-employment drug screen and/or medical examination.
9. Applications and background booklets can be submitted by **Email:** lcannon@cornelia.city, **Mail:** City of Cornelia, P.O. Box 785 Cornelia, GA 30531 or **Hand Delivered:** to Cornelia City Hall 181 Larkin St., Cornelia, GA 30531.



# CITY OF CORNELIA EMPLOYMENT APPLICATION

Human Resources Department  
181 Larkin St  
Cornelia, GA 30531  
www.cornelia.city

**PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION**

**SECTIONS MARKED WITH AN \* ARE REQUIRED TO BE FILLED OUT BY APPLICANT**

A résumé may accompany the application; however, consideration for a position is based on the information submitted on this form, along with any supplementary materials specified on the job announcement. All materials must be received no later than the closing date specified. Documentation submitted becomes the property of the City of Cornelia and will not be returned. Unsolicited résumés, or materials requesting general consideration for any position, will not be considered or retained. We currently accept applications via, Email: [lcannon@cornelia.city](mailto:lcannon@cornelia.city), Mail: City of Cornelia, PO Box 785 Cornelia, GA 30531, or hand delivered to Cornelia City Hall.

<b>*Exact Title of Position Applied For:</b>	<b>*Date of Application:</b>

**Personal Information**

*Last Name:	*First Name:	MI	Home Phone Number:	Cell Phone Number:
*Street Address:	*City:	*State:	*Zip:	
Have you been employed with us before? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, indicate in which department:</i>	Did you leave in good standings? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever served in the United States Military? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, in which Branch:</i>	Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address:		
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>	Date available to work:	*How did you hear about this position?		

**Education**

	High School	Undergraduate College/University	Graduate/Professional
*School Name:			
*School Address: City, State, Zip			
Diploma/Degree Received:	Diploma <input type="checkbox"/> GED <input type="checkbox"/> *Year:	Degree <input type="checkbox"/> Year:	Degree <input type="checkbox"/> Year:
Degree Type:		Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/>	Master's <input type="checkbox"/> Doctorate <input type="checkbox"/>
Major Course of Study:			
Describe any specialized training, apprenticeship, skills, and extra-curricular activities			
Describe any honors you have received			

List professional, trade, business, or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.*

**\*Personal References**

List only personal references that are not related to you and are not a previous employer.

*Full Name:	*Phone number:	*Years Acquainted:

**Employment History**

Start with your present or most recent employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>Present or Most Recent Employer:</b>				Job Title:	Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	City	State	Zip	Supervisor's Name and Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Reason for leaving:			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Phone number:		
Duties:					
<b>Past Employer:</b>				Job Title:	Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	City	State	Zip	Supervisor's Name and Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Reason for leaving:			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Phone number:		
Duties:					
<b>Past Employer:</b>				Job Title:	Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	City	State	Zip	Supervisor's Name and Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Reason for leaving:			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Phone number:		
Duties:					

**Employment History Continued**

<b>Past Employer:</b>				Job Title:	Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	City	State	Zip	Supervisor's Name and Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Reason for leaving:			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Phone number:		

Duties:

*If you need additional space, please use additional information space on the back of the application.*

**General Information**

Driver's License? Yes  No  \*State: \_\_\_\_\_ Speak in a language other than English: Yes  No  If yes, what language? \_\_\_\_\_

CDL? Yes  No  Class: \_\_\_\_\_ Write in a language other than English: Yes  No  If yes, what language? \_\_\_\_\_

Summarize special job-related skills and qualifications acquired from employment or other experience.

Computer Software Applications:

**Microsoft:**  
Word  Excel  Powerpoint  Publisher  Outlook

Other programs:

Machinery and Equipment Skills:

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.  
I understand that as a prospective employee, I must verify identity and employment eligibility prior to employment.  
I authorize investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.  
This application for employment shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted at that time.  
I understand that a medical examination and/or drug screen may be required for the job which I have applied, and I agree to submit to such medical examination and/or drug screen. I understand that any offer of employment is conditional upon the results of the medical examination and/or drug screen.  
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Cornelia, Georgia.

\*Checking this box certifies that all information included in this application is accurate and complete to the best of my knowledge. Furthermore, typing your name on the line below qualifies as your signature of authorization.

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Date

Additional Information:

*The City of Cornelia, Georgia is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, veteran status, or disability in compliance with the Americans with Disabilities Act. The City of Cornelia is a certified Drug-Free Workplace.*

**EMAIL APPLICATION TO: [LCANNON@CORNELIA.CITY](mailto:LCANNON@CORNELIA.CITY)**

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named  
 entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title