

**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. Place packet and **Photo ID copy** in a **sealed manila envelope**.
6. 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, or email it to [LHULSEY@ROCKMART-GA.GOV](mailto:LHULSEY@ROCKMART-GA.GOV).
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](http://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?

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**EDUCATION**

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

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**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 \_\_\_

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**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: \_\_\_\_\_

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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? \_\_\_\_\_

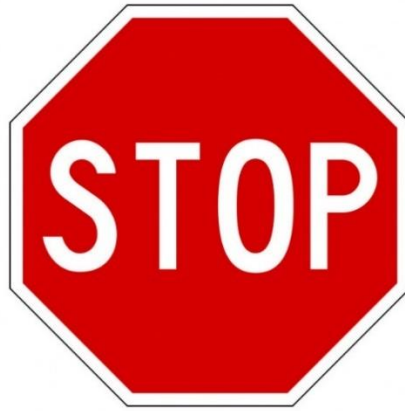
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**PLEASE READ AND SIGN BELOW**

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

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