

EMPLOYMENT APPLICATION

Applications accepted Monday thru Friday from 9:00am to 4:00pm
(applications not accepted between 12:00pm – 2:00pm)



The following information **MUST** be submitted with all applications in order for your application to be processed.

High School Diploma or GED equivalent
Secondary Educational transcripts, diplomas, certification
(if stated in job announcement)

Signature and date on page 4

Name, SS#, Signature and date on page 6

If applying for a Driving position, you must also include:

Copy of Driver's License

Copy of 7 year MVR

Applications and all contents submitted become property of Macon Bibb County EOC, Inc.

Duplication of such contents is not allowed once submitted.

Applications without all required documentation **WILL NOT** be accepted!!



Macon-Bibb County Economic Opportunity Council, Inc

Jimmie Samuel, Executive Director

653 Second Street/ Suite 200

Macon, GA 31201

APPLICATION FOR EMPLOYMENT

Employees of the Macon Bibb County Economic Opportunity Council, Inc. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

In order to be considered for employment this Application must be completed in its entirety. A resume may be attached as a reference only.

Convictions, arrest, criminal charges for violating any portion of the Family Violence Act, would deem you ineligible for employment by any office of Macon Bibb County Economic Opportunity Council, Inc. Applicants considered for positions must undergo a Criminal Background Investigation.

Macon Bibb County Economic Opportunity Council, Inc. is a Drug Free Work Place. Applicants considered for positions must undergo drug testing.

Position applied for _____ Date: _____ Referred by: _____
(one per application)

Full Legal Name:	Last	First	Middle
Address:			
	City	State	Zip
Phone Numbers:	Home	Business	Cell
	E-Mail Address: _____		

EDUCATION

- a. Check highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- c. Check number of years of post high school education: 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Date attended
1.				
2.				
3.				

- Did you obtain a degree? Yes No If yes, in what field of study _____
- d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

EXPERIENCE: Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Applicants that desire to driver in interstate/intrastate commerce must provide the following information on all employers during the previous 3 yrs and must provide the same information for all employers you have driven a commercial motor vehicle for the 7 yrs prior to the initial three years (total of 10 yr employment record). Highlight your knowledge, skills, and abilities which most demonstrate your qualifications for this position. You may list significantly different jobs within the same organizations as separate items. Incomplete forms will not be considered for processing. Do not use "Please See Resume".

Job Title _____	Duties _____
EMPLOYER: _____	_____
Address: _____	_____
City: _____ State _____ Zip _____	_____
Phone: _____	_____
Type of Business: _____	_____
Immediate Supervisor: _____	Number of Employees you supervised: _____
Supv.'s Title: _____	Equipment Used: _____
Salary (start) _____ (finish) _____	Reason for Leaving: _____
Dates (mo/yr) _____ to (mo/yr) _____	Your Name if different from present: _____
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week _____	May we contact your supervisor: Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:	

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? Yes No N/A
 Was the job listed above designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 43CFR Part 40? Yes No N/A

Job Title _____	Duties _____
EMPLOYER: _____	_____
Address: _____	_____
City: _____ State _____ Zip _____	_____
Phone: _____	_____
Type of Business: _____	_____
Immediate Supervisor: _____	Number of Employees you supervised: _____
Supv.'s Title: _____	Equipment Used: _____
Salary (start) _____ (finish) _____	Reason for Leaving: _____
Dates (mo/yr) _____ to (mo/yr) _____	Your Name if different from present: _____
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week _____	May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:	

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Job Title _____ **Duties** _____

EMPLOYER: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Type of Business: _____

Immediate Supervisor: _____ Number of Employees you supervised: _____

Supv.'s Title: _____ Equipment Used: _____

Salary (start) _____ (finish) _____ Reason for Leaving: _____

Dates (mo/yr) _____ to (mo/yr) _____ Your Name if different from present: _____

Full-time Part-time Hours/week _____ May we contact this employer: Yes No

Any Gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? Yes No N/A

Was the job listed above designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 43CFR Part 40? Yes No N/A

If possible, please provide a minimum of 10 years experience. You may request an additional experience sheet if necessary.

LICENSE INFORMATION (For CDL Applicants ONLY)

Section 383.21 FMCSR states " No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information is listed below.

State	License Number	Type	Expiration Date

DRIVING EXPERIENCE (For CDL Applicants ONLY)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, School Bus etc)	Dates		Approx. number of miles
		From	To	

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 If yes, explain: _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes No
 If yes, explain: _____

PROFESSIONAL REFERENCES- List names, addresses, and relationships of three persons not related to you who know your qualification:

Name	Address	Phone	Company
1.			
2.			
3.			

PERSONAL REFERENCES- List names, addresses, and relationships of three persons not related to you who know of your character:

Name	Address	Phone	Relationship
1.			
2.			
3.			

SKILLS- Please list any additional skills you may have which would be helpful in your doing the job you are applying for:

- a. Use this space for additional information you think would help us evaluate your application, including computer skills (Microsoft Work and Excel), training, seminars, workshops, and special achievements, or specialized skills:

- b. Do you work well with people? Yes No
 If you prefer working independently, what would you consider the best work environment for you? _____
- c. Do you have limitations that would prohibit you from working on weekends? Yes No
- d. Do you have limitations that would prohibit you from traveling? Yes No

Complete below for CDL applicants only

Accident Record for Past 3 yrs or More (attach sheet if more space is needed)

Date	Nature of accident	# of fatalities	# of injuries	Chemical Spills

Traffic Convictions and Forfeitures for the past 3 yrs (other than parking violations)

Date Convicted	Violation	State of Violation	Penalty

OTHER:

- a. Check which job status you will accept: Full-time Part-time (specify hours desired)
Hours Desired: _____
- b. When will you be available to start work Date: _____
- c. Are you willing to provide your own transportation if necessary for your employment? Yes No
- d. Are you a current or former Head Start parent? Yes No
- e. Are you related to anyone employed by Macon-Bibb County EOC, (*Administrative Offices, Head Start, Transportation, Community Outreach Center, Special Projects, DFACS, Foster Grandparents, Work Experience*)?
 Yes No Who and Which Location: _____
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No.
Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be **required** to provide documentation to that effect should you be employed within the first **3** days of hire.
- g. Have you ever been terminated from any employment for violating company policy, rules, or regulations? Yes No
If Yes, Please Explain: _____
- h. Do you have a valid Georgia Drivers License? Yes No
- i. Are you over 18 years of age? Yes No
- j. Have you previously filed an application for employment with EOC? Yes No
Position you applied for: _____
- k. Have you previously been employed by EOC? Yes No
Position: _____
- l. Have you ever been convicted* for any violation(s) of law, including moving traffic violations?
 Yes No. If yes, please provide the following:

Description of offense _____
Statute or ordinance (if known) _____ **Date of Charge:** _____
Date of Conviction _____ **County, City, State of Conviction** _____

(For additional convictions use plain paper. Include all information listed above.) *Conviction would include arrests for violating any portion of the Family Violence Act. A criminal background investigation will be conducted prior to your being employed.

Certification- Each Application Requires Current Date and Original Signature. Failure to do so will forfeit your application for processing.

I hereby certify that all entries on this application and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Macon Bibb County EOC, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institution listed regarding this application. I further authorize the Macon Bibb County EOC, Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the Agency head or designee and when in connection with employment status with Macon-Bibb County EOC, Inc.

Statement below for CDL Applicants ONLY

I understand that the information I have provided regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- o Review information provided by current/previous employers
- o Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- o Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Date _____ **Applicant Signature** _____



Macon-Bibb County Economic Opportunity Council, Inc
Jimmie Samuel, Executive Director
653 Second Street/ Suite 200
Macon, Georgia 31201
Contact: Human Resources
@ 478-738-3240

Applicant Name: _____ SS#: _____

I. EEOC INFORMATION (voluntary)

Completion of this data is used to satisfy EEOC reporting requirements and other Human Resource reports.

SEX - (check one)

Male Female

RACE- (check one)

White Black Hispanic
 Asian or Pacific Islander American or Pacific Islander Other _____

II. SOCIAL SERVICES COMPLIANCES

Are you currently a recipient of TANF (Food Stamps\Welfare)? Yes No

Do you currently have children enrolled in EOC Head Start Program? Yes No



Macon-Bibb County Economic Opportunity Council, Inc
 Jimmie Samuel, Executive Director
 653 Second Street/ Suite 200
 Macon, Georgia 31201
 Contact: Human Resources
 @ 478-738-3240

Employee Reference Check Authorization Form

Applicant Name: _____ Social Security Number: _____
Please Print

I understand that Macon Bibb Co EOC, Inc. verifies all information provided subject to employment with the Agency. I understand if an offer of employment is extended by the Agency and accepted by the applicant prior to completion of all verifications, and unfavorable information is reported, Macon Bibb Co EOC, Inc has the right to terminate my employment with the Agency, immediately. My signature below acknowledges my understanding of the above stated policy and authorizes release of information.

 Applicant Signature **Date:** _____

To be complete by Human Resources

Company Name: _____ Phone number: _____

Date Submitted: _____ Fax Number: _____

To be complete by previous employer

Dates of employment: _____ to: _____

Job Title: _____

Reason for Separation:

Termination: _____ Resignation: _____ Quit: _____ Lay Off: _____

Eligible for rehire: _____

Verified by: _____ Title: _____ Date: _____

**Please fax completed form back to (478) 738-3258
 ATTN: Human Resources**