

MACON-BIBB COUNTY ECONOMIC OPPORTUNITY COUNCIL, INC.

# EMPLOYMENT APPLICATION

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- APPLICATIONS ARE ACCEPTED BETWEEN 9:00 AM AND 4:00 PM.
- AN APPLICANT MAY ONLY APPLY FOR A MAXIMUM OF 3 POSITIONS.



**Macon-Bibb County**  
**Economic Opportunity**  
**Council, Inc.**

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

- ✓ Official High School Transcripts or GED equivalent *or*
- ✓ Official Secondary Educational Transcripts
- ✓ Sign & Date page 6 of Application
- ✓ Print & Sign name, Social Security Number, and Date page 8 of Application
- ✓ Include Copy of Driver's License
- ✓ Include Copy of 7-year Motor Vehicle Report

**Special Notice: Applications and all contents submitted become property of Macon-Bibb EOCl.**  
**Applications without ALL required documentation WILL NOT be accepted!!**  
**Duplication of such contents is not allowed once submitted.**

Helping People, Changing Lives, Building Families



## APPLICATION FOR EMPLOYMENT

Employees of 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 also a Drug Free Work Place. Applicants considered for positions must undergo drug testing.

**Position(s) applied for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Referred by:** \_\_\_\_\_

\_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONE NUMBER(s)** \_\_\_\_\_  
 Home \_\_\_\_\_ Cell \_\_\_\_\_ Alternate \_\_\_\_\_

**EMAIL 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	Hours	Degree Received	Major or Specialty	Date Attended

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 expect completion date: \_\_\_\_\_

**EXPERIENCE:** Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Applicants that desire to drive in interstate/intrastate commerce must provide the following information on all employers during the previous 3 years and must provide the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total of 10 years 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".

<b>Job Title</b> _____	<b>Duties</b> _____
Employer: _____	_____
Address: _____	_____
City: _____ State: _____ Zip: _____	_____
Phone: _____	_____
Type of Business: _____	_____
Supervisor Name: _____	Number of Employees you supervised: _____
Supervisor 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

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

<b>Job Title</b> _____	<b>Duties</b> _____
Employer: _____	_____
Address: _____	_____
City: _____ State: _____ Zip: _____	_____
Phone: _____	_____
Type of Business: _____	_____
Supervisor Name: _____	Number of Employees you supervised: _____
Supervisor 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

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

<b>Job Title</b> _____	<b>Duties</b> _____
Employer: _____	_____
Address: _____	_____
City: _____ State: _____ Zip: _____	_____
Phone: _____	_____
Type of Business: _____	_____
Supervisor Name: _____	Number of Employees you supervised: _____
Supervisor 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:

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<b>Job Title</b> _____	<b>Duties</b> _____
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Address: _____	_____
City: _____ State: _____ Zip: _____	_____
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Type of Business: _____	_____
Supervisor Name: _____	Number of Employees you supervised: _____
Supervisor 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:

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Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? Yes  No   
 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 of experience.**  
 You may request an additional experience sheet if necessary.

**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 Word and Excel), trainings, 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

**EXPERIENCE WITH GROUPS OF CHILDREN**

**E.** Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F.** Have you attended/completed any child care training courses? Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G.** Have you had CPR training within the past two years? Yes  No   
 If yes, give expiration date: \_\_\_\_\_

**H.** Have you had first aid training within the past three years? Yes  No   
 If yes, give expiration date: \_\_\_\_\_

**I.** Bright From the Start: Georgia Department of Early Care Learning requires annual child care training, are you willing to participate? Yes  No



## 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 licence, 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		Approximate 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: \_\_\_\_\_  
 \_\_\_\_\_

*Accident Record for past three years 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 three years (other than parking violations)*

Date Convicted	Violation	State of Violation	Penalty

**OTHER**

1. Check which job status you will accept:  Full-time  Part-time Hours Desired? \_\_\_\_\_

2. When will you be available to start work? Date: \_\_\_\_\_

3. Are you willing to provide your own transportation if necessary for your employment? Yes  No

4. Are you a current or former Head Start parent? Yes  No

5. Are you related to anyone currently employed by Macon-Bibb County E.O.C.? Yes  No   
(Administrative Offices, Head Start, Transportation, Community Outreach Center, Special Projects, DFACS, Foster Grandparents, or Work Experience)

Who and Which Location: \_\_\_\_\_

6. 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 **three** days of hire.*

7. Have you ever been terminated from any employment for violating company policy, rules, or regulations? Yes  No

If Yes, Please Explain: \_\_\_\_\_

8. Do you have a valid Georgia Drivers License? Yes  No

9. Are you over 18 years of age? Yes  No

10. Have you previously filed an application for employment with E.O.C.? Yes  No

Position: \_\_\_\_\_

11. Have you previously been employed by E.O.C.? Yes  No

Position: \_\_\_\_\_

12. 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 and 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 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 Economic Opportunity Council, 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 Economic Opportunity Council, 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 Economic Opportunity Council, Inc.

**Applicant Signature:** \_\_\_\_\_

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

**\*\*\*STATEMENT BELOW FOR CDL APPLICANTS ONLY\*\*\***

I understand that the information I have provided regarding current and/or previous employment 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:

- Review information provided by current/previous employers,
- 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
- 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.

**Applicant Signature:** \_\_\_\_\_

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





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



### Employee Reference Check Authorization Form

**Applicant Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
(Please Print)

I understand that Macon-Bibb County E.O.C., 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 County E.O.C., 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 completed by Human Resources

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### To be completed by previous employer

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Reason for Separation:  Termination  Resignation  Quit  Lay Off

Eligible for Rehire:  Yes  No  N/A

Verified By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Macon-Bibb County EOCI Head Start

## Declaration Form for Prospective Employees

For use by Head Start Agencies to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31 (c) and (d).

**Name of Prospective Employee:** \_\_\_\_\_  
(Please print)

Federal policies now require that **Head Start agencies** require all prospective employees to sign a declaration prior to employment which lists:

1. All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
2. Convictions related to other forms of child abuse and/or neglect; and
3. All convictions of violent felonies.

The declarations may exclude:

- Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
- Any conviction for which the record has been expunged under Federal or State law;
- Any conviction set aside under the Federal Youth Corrections Act or similar State authority; and
- Traffic fines of \$200.00 or less.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. **Head Start agencies** must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the appropriate category below:

I **have not been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

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

**OR**

I **have been** arrested, charged, and/or convicted on one or more of the three types of offenses listed above.

If you have been, please attach information listing the offense(s), the date(s) of the arrest, charge(s), and/or conviction(s), and other relevant information.

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

**IMPORTANT:** Each Head Start agency must take the necessary steps to assure the confidentiality of this form and information.