

**CLAYTON COUNTY COMMUNITY SERVICES AUTHORITY, INC.**  
**1000 MAIN STREET/P. O. BOX 1808**  
**FOREST PARK, GEORGIA 30298-1808**  
**PHONE (404) 363-0575**  
**FAX (404) 361-8395**

**BEECHIE S. YATES**  
*EXECUTIVE DIRECTOR*

[www.claytoncountycsa.org](http://www.claytoncountycsa.org)

This company is an Equal Employment Opportunity Employer. We do not use personal information in our hiring process and are dedicated to hiring the person who is best suited for our jobs without any knowledge or consideration to any individual's membership in any protected class.

Any personal information found on this application or any supporting documentation will be removed as soon as it is discovered.

All applications received by this agency will only remain active until the end of each calendar quarter. On January 1st, April 1st, July 1st, and September 1st, all applications will be destroyed. If you still wish to be considered for employment after these dates, you will need to come in and fill out a new application.

DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_  
Last First Middle

Other Names Used \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone (home)# \_\_\_\_\_ Telephone (cell)# \_\_\_\_\_

Email \_\_\_\_\_

Are you legally able to work in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Proof will be required upon hire)

Have you ever worked for this agency before? NO \_\_\_\_ YES \_\_\_\_ WHEN? \_\_\_\_\_

Are you a current or former Head Start Parent? YES \_\_\_\_ NO \_\_\_\_\_

**PREVIOUS WORK EXPERIENCE**

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Date Hired \_\_\_\_\_ Street To \_\_\_\_\_ City Length of Employment \_\_\_\_\_ State Zip \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Position Held \_\_\_\_\_ Wages \_\_\_\_\_

Length of Time at Position \_\_\_\_\_

Previous Positions Held With This Employer \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**May We Contact This Employer? ( ) YES ( ) NO**

\_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Date Hired \_\_\_\_\_ Street To \_\_\_\_\_ City Length of Employment \_\_\_\_\_ State Zip \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Position Held \_\_\_\_\_ Wages \_\_\_\_\_

Length of Time at Position \_\_\_\_\_

Previous Positions Held With This Employer \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**May We Contact This Employer? ( ) YES ( ) NO**

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Date Hired \_\_\_\_\_ Street \_\_\_\_\_ To \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Length of Employment \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Position Held \_\_\_\_\_ Wages \_\_\_\_\_

Length of Time at Position \_\_\_\_\_

Previous Positions Held With This Employer \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**May We Contact This Employer? ( ) YES ( ) NO**

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Date Hired \_\_\_\_\_ Street \_\_\_\_\_ To \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Length of Employment \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Position Held \_\_\_\_\_ Wages \_\_\_\_\_

Length of Time at Position \_\_\_\_\_

Previous Positions Held With This Employer \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**May We Contact This Employer? ( ) YES ( ) NO**

**EDUCATION**

High School Attended \_\_\_\_\_

Address (Complete) \_\_\_\_\_  
Street City State Zip

Did You Graduate \_\_\_\_\_ Dates Attended \_\_\_\_\_ To \_\_\_\_\_

College Attended \_\_\_\_\_

Address (Complete) \_\_\_\_\_  
Street City State Zip

Degree Received \_\_\_\_\_ Dates Attended \_\_\_\_\_ To \_\_\_\_\_

College Attended \_\_\_\_\_

Address (Complete) \_\_\_\_\_  
Street City State Zip

Degree Received \_\_\_\_\_ Dates Attended \_\_\_\_\_ To \_\_\_\_\_

**OTHER SKILLS, EDUCATION, AND/OR TRAINING THAT IS DIRECTLY RELATED TO THE POSITION YOU ARE APPLYING FOR (I.E. TRADE SCHOOL, ON-THE-JOB TRAINING PROGRAMS, VOLUNTEER EXPERIENCE, CERTIFICATES, LICENSES, COMPUTER COURSES, ETC.)**

NOTE: CERTAIN POSITIONS IN THE HEAD START PROGRAM REQUIRES COPIES/ WRITTEN VERIFICATION OF CREDENTIAL / DEGREE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE APPLYING FOR ANY POSITION THAT REQUIRES DRIVING PLEASE FILL OUT THIS SECTION**

Do you have a valid Georgia Drivers License? Yes ( ) No ( ) If yes, give license # \_\_\_\_\_

How many reportable accidents have you had in the past 5 years? \_\_\_\_\_

How many moving violations have you had in the past 5 years? \_\_\_\_\_

NOTE: IF YOU ARE SELECTED FOR AN INTERVIEW, YOU WILL NEED TO BRING A COPY OF YOUR MOTOR VEHICLE REPORT THAT IS NO MORE THAN TWO WEEKS OLD.

**EMPLOYEE NOTIFICATION OF CRIMINAL HISTORY RECORDS CHECKS AND FINGERPRINTING REQUIREMENT**

**HEAD START & PRE-K PROGRAM:** I understand that criminal history records checks and/ fingerprinting are required by law for employment with the program. Provisionary employment shall be offered based on the results obtained from the local police department, but the agency will submit an application for you to the DECAL Fingerprint within 21 days of hire. Upon notification by the GCIC and DECAL that an individual has been convicted of any crimes prohibiting employment or contract status with the agency, the Executive Director or designee shall terminate that employment or contract status immediately.

**ALL OTHER PROGRAMS:** I understand that criminal history records checks and/or fingerprinting are required by law. Employment shall be offered based on the result obtained from the local police department, but the agency will conduct further criminal background check where necessary and you will be subjected to fingerprint collection. Upon notification by the GBI/FBI that an individual has been convicted of any crimes prohibiting employment or contract status with the agency, the Executive Director or designee, shall terminate that employment or contract status immediately.

I understand that an individual so terminated may appeal action taken by the agency as a result of such checks in accordance with procedures established by law (Rights for Review and Contested Case Hearings). Applicable appeal rights will be provided by the agency upon such termination from agency employment or contract status.

Any fees associated with criminal history records checks shall be paid by the agency.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**EMPLOYMENT DECLARATION**

I certify all information given on this application and any supporting information is true and complete and I authorize a complete investigation. I also certify that I have never been shown by credible evidence through court, jury, a department of investigation or other reliable evidence to have abused, neglected or deprived a child or adult, or subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by oral or written statement to this effect obtained at the time of application. I agree that, if hired, I may be discharged if Clayton County Community Services Authority, Inc. at any time learns of any falsification regarding my qualifications or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration for not only this position but future positions as well. I authorize Clayton County Community Services Authority, Inc. to contact all former and current employer references and all educational institutions listed. All references are authorized to release all information requested which they might have about me. I hereby release Clayton County Community Services Authority, Inc. and all references from any liability which might be claimed because of information provided by such references.

I agree that, if hired, I will follow all agency policies, rules, procedures and all other directions. I understand I may terminate my employment at any time and for any reason without prior notice. I agree that if I am hired, I will be employed at the will of the agency and my employment can be terminated at any time, with or without notice.

I understand Clayton County Community Services Authority, Inc. prohibits the possession or use of weapons, drugs, alcohol, and smoking on company property. It is the policy of this agency to maintain a workplace safe and free of violence.

I understand Clayton County Community Services Authority, Inc. is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, all finalists may be subject to a drug test prior to being hired to assure the agency that the applicant does not currently have narcotics, sedatives, stimulants, and other controlled substances and/or mood-altering substances in their body.

I understand if I have any such substance in my body at the time of the drug test, Clayton County Community Services Authority, Inc. will not hire me. I further understand that at any time during my employment with this agency my supervisor or Executive Director may require, as a term and condition of continued employment, a drug test if they have a reasonable suspicion that I am under the influence of any substance that might result in harm to myself or to others, or if I am involved in a preventable vehicle accident while doing agency business. I further agree to undergo a physical examination, at Clayton County Community Services Authority, Inc. expense, at any time the company makes such a request.

I further understand that I have read the job description for the position for which I am applying, in all respect will be able to adequately perform the duties described, and that if I am selected as a finalist for any position with Clayton County Community Services Authority, Inc., they will do an investigation of criminal convictions. (NOTE: You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as: the nature of the crime, the recency of the conviction, the type of work involved, etc.)

I understand the agency reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one at Clayton County Community Services Authority, Inc. has the authority to enter into any agreement, for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by the Executive Director.

Under the Americans with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? \_\_\_\_ Yes \_\_\_\_ No If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**NOTE: NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT THAT DOES NOT SIGN THE ABOVE STATEMENT.**

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**FOR ADMINISTRATIVE USE ONLY**

INTERVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_

HIRED: YES ( ) NO ( ) IF YES, DATE OF HIRE \_\_\_\_\_ SALARY \_\_\_\_\_

COMPONENT \_\_\_\_\_ POSITION \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_