



To Apply

Complete form electronically, Save As, and send via e-mail to:

TC-HR@dekalbcountyga.gov or

Send completed form to:
DeKalb County Tax Commissioner's Office
ATTN: Human Resources
4380 Memorial Dr. #100
Decatur, GA 30032

Read the job description before completing this application – request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly. Sign this application and all other forms.

1. **Name (Last, First, Middle Initial):** _____

2. Today's Date: _____ Position Applying for: _____

3. Last 4 Digits of Social Security #: _____ Email: _____

4. Mailing Address: _____
Street City State Zip

5. Phone Number: BEST CONTACT # _____ ALTERNATE # _____

6. Valid Driver's License: Yes No Driver's License Number _____

CDL: Yes No CDL Number _____

7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No

8. Have you ever worked for the DeKalb County? Yes No

If yes, please list employment dates and last department _____

9. Do you have any relatives/friends currently employed by the DeKalb County Tax Commissioner's Office? Yes No

If yes, Name: _____ Relationship: _____

10. Type of employment you will accept: Full Time Part Time Shift Work

11. Do you have a High School Diploma or equivalent? Yes No

If no, highest grade completed: _____

This Office is an Equal Opportunity/Reasonable Accommodation Employer



Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

12. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes No	
			Yes No	
			Yes No	
			Yes No	

13. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes No	
			Yes No	

14. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to the position:***

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

15. Special Skills and Training:

16. List computer software program(s) with which you are proficient in operating :



17. Language Proficiency (Other than English):

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18. References: Please list below names of persons, not related to you, whom you have known at least one year.

Name:	Email:	Phone:	How Acquainted:	Years Acquainted:

You may make copies and use as many of these sheets as necessary to continue your employment history.

19. Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years or any additional relevant experience. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" OR "SEE ATTACHED" IN THE SPACES BELOW.

Employer:	Type of Business:
City & State:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name, Title, Phone):	
Employment Dates (Mo/Yr): From To	Total Time Employed in this Position: Years Months
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

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Hours Per Week:	Ending Wage: \$ Per
Work Performed:	
Reason for Leaving:	

20. May we contact your current and former employer if you are considered for hire?
Current Employer: Yes No Former Employer: Yes No
21. Have you ever been suspended, terminated for cause, or forced to resign from a position for misconduct or unsatisfactory service? Yes No

If yes, please explain:



**PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW
YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.**

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from Authority service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this line and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: _____

Applicant Signature: _____ Date: _____