



Dear Applicant:

Thank you for your interest in employment with the Stone Mountain Memorial Association. Although there may not be a position available at this time, your application will be held on file for a period of six months, should a position become available.

Your application may be returned by any of the following methods:

- Hand delivery
Stone Mountain Memorial Association
Confederate Hall
2003 Robert E. Lee Blvd.
2nd Floor
- US Mail
Stone Mountain Memorial Association HR
2027 Old Hugh Howell Road
Stone Mountain, Georgia 30083
- Fax
(770) 498-5698
- E-mail
employment@stonemountainpark.org

If you have any questions, please feel free to call me at (770) 498-5680.

Sincerely,

Patricia Boulis

Patricia Boulis

Administrative Assistant

APPLICATION FOR EMPLOYMENT



2027 Old Hugh Howell Road • Stone Mountain, GA 30083

An At-Will, Equal Opportunity Employer

PLEASE COMPLETE THIS FORM FULLY AND ACCURATELY

GENERAL	LAST NAME			FIRST		MIDDLE		Social Security Number	
	Home Address - Number & Street				City		State	Zip Code	Home Telephone
	E-Mail Address					Apartment No.		Cell Phone	
	Date Available			Can You Work Any Shift			Can You Work Weekends		
				Yes No			Yes No		
Are You a Citizen of the United States?			If No, Do You Have the Legal Right to Remain Permanently in the United States?						
			Yes No						
JOB DATA	What Position Are You Applying For?							Expected Salary	
	Have you ever been employed by the Stone Mountain Memorial Association?				If yes, what years?			What Department(s)?	
				Yes No					
EMPLOYMENT HISTORY	DATES			PREVIOUS EMPLOYMENT (LIST MOST RECENT FIRST)				SALARY	PREVIOUS POSITION(S)
	T O	MO	YR	Company Name		Supervisor's Name		Beginning	Position Held
	F R O M	MO	YR	Company Street Address		City	State	Ending	Reason For Leaving
	T O	MO	YR	Company Name		Supervisor's Name		Beginning	Position Held
	F R O M	MO	YR	Company Street Address		City	State	Ending	Reason For Leaving
	T O	MO	YR	Company Name		Supervisor's Name		Beginning	Position Held
	F R O M	MO	YR	Company Street Address		City	State	Ending	Reason For Leaving
CHARACTER REFERENCE	Name			Business or Occupation		Address		Telephone	
FRIENDS OR RELATIVES	List Any Friends or Relatives Working for SMMA				Department		Relationship		
SPECIALIZED SKILLS	Please list any specialized skills, computer training, or other accomplishments. Exclude information would reveal sex, race, religion, national origin, age, disability, or other protected class.								

Circle or check the Highest Grade Level Completed:							
GED		High School		College		Graduate School	
EDUCATION	Schools	School Name and Address			Diploma Degree Received	Grade Average	Areas of Specialization
	High School or GED						
	College						
	Graduate School						
	Other						
	Other						

Indicate any foreign languages you speak, read, and/or write.				
LANGUAGES		FLUENT	GOOD	FAIR
	SPEAK			
	READ			
	WRITE			

MILITARY	Branch of Service	Date Entered	Date Discharged	Final Rank
	Major Duties			
	Service Schools or Special Experience			

LICENSES AND CERTIFICATES	Type of License/Certificate			License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
	Current Valid Driver's License	Yes	No	State		
	Teacher Certified in Georgia: Type of Certificate:					
	Georgia Peace Officer Standards and Training Certificate (POST)					
	Other Professional License/Certificate:					

PLEASE READ CAREFULLY

To the best of my knowledge the information provided herein is complete and true. I authorize investigation of all statements on this application and understand that if employed, false statements on this application shall be sufficient cause for dismissal.

I understand that if hired, my employment with the Stone Mountain Memorial Association would be of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time and for any or no reason. If is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged by the Chief Executive Officer of the Stone Mountain Memorial Association, in writing.

Signed: _____
Signature of Applicant

Date: _____

**DO NOT WRITE BELOW THIS LINE
FOR INTERVIEWER'S USE**

INTERVIEWER	DEPARTMENT	DATE	



Criminal History Consent Form

I hereby give consent for the Stone Mountain Memorial Association to receive any Georgia criminal history record information pertaining to me which might be in the files of any state or local criminal justice agency in the State of Georgia.

I further understand that if I am applying for employment with the Stone Mountain Park Department of Public Safety, I am authorizing the Stone Mountain Memorial Association to receive any Georgia or Ill criminal history information pertaining to me under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (Printed)

Street Address

City, State, & Zip Code

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special Employment Provisions (Check if Applicable) – To be completed by HR

General Employment with SMMA – Non Public Safety – Purpose Code “E”

Employment with criminal justice agency – Civilian – Purpose Code “J”

Employment with criminal justice agency – POST Certified – Purpose Code “Z”

Employment with children – Purpose Code “W”

One of the following must be checked:

This authorization is valid for 180 days from date of signature.

I _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

To Be Completed By Applicant

PLEASE fill out the following data record. The information obtained is solely to assist us in completing periodic government reports, and will be kept in a CONFIDENTIAL FILE, separate from the application for employment.

Last Name	First Name	MI
------------------	-------------------	-----------

ETHNIC BACKGROUND (Optional / Check One):

- | | |
|---|--|
| <input type="checkbox"/> Native American | <input type="checkbox"/> White, not of Hispanic origin |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black, not of Hispanic origin |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Other | |

GENDER: Male Female

POSITION(S) APPLIED FOR: _____

How You Heard About The Job: _____ Employee Referral: _____

_____ Technical School _____ DOL Career Center _____ SMMA Web Site

_____ Other Internet Source _____ Walk-in _____ Newspaper _____ Other

VETERAN'S DATA (Please Check if Applicable):

- VETERAN: DD214 showing dates of service and type or discharge
- DISABLED VETERAN: DD214; certificate of service-connected disability (at least 10%) from the V.A. dated within the last 6 months
- DECEASED VETERAN'S SPOUSE: DD214; marriage certificate; veteran's death certificate or casualty report
- DISABLED VETERAN'S SPOUSE: DD214; marriage certificate; disabled veteran's documents dated within last 6 months (veteran must have 100% disability)

The Stone Mountain Memorial Association is an Equal Opportunity Employer. All applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability.