



City of Walthourville

222 Busbee Road
 Walthourville, GA 31333
 (912) 368-7501

Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information:				
Name:				
Last		First		Other Names Used
Address:				
Street		City		State
Telephone: ()		()		Zip
Home		Cell		Message
Email Address:				
Webpage Address(es):				
Position Applying For:				
Job Title:				
Are you applying for:		What shifts will you work?		May We Contact Present Employer?
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal		<input type="checkbox"/> Days <input type="checkbox"/> Nights		<input type="checkbox"/> Yes <input type="checkbox"/> No
Available Start Date:				

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: ___ Class Type ___

Education/Training					
School	Name	Location	Dates Attended From / To:	Diploma, Degree & Major	Graduated?
High School					
College					

Other (Business, Vocational, Military)					
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Employment History (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Technology Skills (List All Skills & Software Applications You Have Experience Using):

Word Processing:

Spreadsheet:

Other Software:

Database:

Microsoft Office? Yes No PowerPoint? Yes No

Scanner? Yes No Copier? Yes No

Digital Phone Systems? Yes No

Explain Internet Skills, Including Email Usage:

Professional Licenses or Certificates Held:

References

Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)

Name:

Last First Middle

Address:

Street City State Zip

Telephone:

() ()

Home Other

Connection To You (i.e. friend, co-worker):

Occupation:

Personal Reference

Name:

Last First Middle

Address:

Street City State Zip

Telephone:

() ()

Home Other

Connection To You (i.e. friend, co-worker):

Occupation:

Personal Reference

Name:

Last First Middle

Address:

Street City State Zip

Telephone:

() ()

Home Other

Connection To You (i.e. friend, co-worker):

Occupation:

Have you ever been charged with a crime (other than a minor traffic infraction)? Yes No

If yes, when & where: _____ Please Explain: _____

Are you related by blood or marriage to any person now employed by the City of Walthourville? Yes No

If yes, give name and relationship to you:

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either the City of Walthourville or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: _____ Date: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with the City of Walthourville, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of the City of Walthourville, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the City of Walthourville. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Witness

DATED: _____

Printed Name, including all names I have previously used or been known by:

Phone: _____

DOB: _____

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

(Please print)

Date _____

Name _____ Phone () _____

Address _____
Street City State Zip Code

Position(s) Applied for _____

Referral Source:

Friend or relative

Other Job Placement Agency (Specify)

Newspaper

School Placement Office/Guidance Counselor

Job Service

Community Action Group (Specify)

Other (Specify) _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check One: Male Female

Check One: Caucasian Black American Indian
 Hispanic Asian/Oriental other (specify)