

City of Walthourville

Post Office Box K Walthourville, Georgia 31333 Telephone: 912-368-7501 Fax: 912-368-2803

Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resume 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	Middl	e Ot	her Names Used
Address:					
Street		City	State	Zip	
Telephone:					
	ome	Cell	Message		
Email Address:					
Webpage Addres	s(es):				
Position Applying For:					
Job Title:					
Are you applying for: What shifts will you					
☐ F/T ☐ P/T ☐ Temp/Seasonal ☐ Days ☐ Nights ☐ Yes ☐ No					
Available Start Date:					
Are you locally eligible to work in the United States: Type Type					
Are you legally eligible to work in the United States: Yes No Yes No					
(Federal Law requires proof of identity and employment authorization for all new employees.)					
Can you travel if the job requires it? Yes No Do you have a valid driver's license? Yes No State: Class Type					
Education/Training					
School	Name	Location	Dates Attended	Diploma, Degree &	Graduated?
			From/To:	<u>Major</u>	
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: City Street State Zip Supervisor Name: Telephone: Dates From: To: Final Rate of Pay: Position Held: Reason for Leaving: **Next Employer** Employer: Address: Street City State Zip Telephone: Supervisor Name: Dates From: To: Final Rate of Pay: Position Held: Reason for Leaving: **Next Employer** Employer: Address: Street City State Zip Telephone: Supervisor Name: Final Rate of Pay: Dates From: To: Position Held: Reason for Leaving:



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

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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 Telelphone: Other Home Connection to You (i.e. friend, co-worker) Personal Reference Name: First Middle Last Address: Street City State Zip Telelphone: Home Other Connection to You (i.e. friend, co-worker) Personal Reference Name: Last First Middle Address: Street City State Zip Telelphone: Home Other