



Application for Employment

PLEASE PRINT – To be considered for employment, this application must be completed in its entirety. Requested information must be included on this form, even if a Resume is attached.

Position Applying for: _____ Date of Application: ____/____/____

Referral Source: Advertisement Employee Relative Government Employment Agency Walk-in
 Private Employment Agency Other Name of Source (if applicable) _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Telephone Number _____ **Social Security Number** _____

Cell Phone Number _____ Email Address _____

If necessary, best time to call you at home is _____

May we contact you at work? Yes No
If yes, your work telephone number and best time to call: _____

If you are under 18, can you furnish a Work Permit? Yes No

Have you filed an application here before? (If yes, give date _____) Yes No

Have you ever been employed here before? (If yes, give dates _____) Yes No

Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Are you on layoff and subject to recall? Yes No

Date available for work ____/____/____

Type of employment desired: Full Time Part Time Temporary Will you be able to work varying shifts?
(May include weekends and holidays) Yes No

Will you work overtime, if required? Yes No

Are you able to meet the attendance requirements of this position? Yes No

Have you ever been bonded? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No
If yes, please explain: _____

(Such conviction may be relevant if job related, but does not bar you from employment.)

Driver's License Number _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER



Employment History

List your employers, assignments or volunteer activities for the past 10 years, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone () -	Summarize the nature of the work performed and job responsibilities
Address	Dates Employed FROM TO	
City State Zip Code		
Job Title	Hourly Rate/Salary STARTING	
Immediate Supervisor and Title	\$ Per	
Reason for Leaving	Hourly Rate/Salary FINAL	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ Per	

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SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from training, employment and/or other experiences that may qualify you to work with the City of Hiawasse. Include training certifications and POST, if applicable.



Educational Background

(if job related)

- A. List last three (3) schools attended, starting with the last one.
- B. List number of years completed
- C. Indicated degree or diploma earned, if any.
- D. Grade Point Average or Class Rank
- E. Major field of study (if applicable).
- F. Minor field of study (if applicable)

A. School/College	B. Number Years Completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major	F. Minor

FOREIGN LANGUAGE SKILLS: List any foreign language(s) you know and check (✓) the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

SPECIALIZED SKILLS: Check skills and equipment operated.

Computer Software		Accounting	Office Machines	
Microsoft WORD	Microsoft OUTLOOK	Payroll	Computer	Scanner
Microsoft ACCESS	Microsoft PUBLISHER	A/P	Copier/Printer	Digital Camera
Microsoft EXCEL	Graphic Design	A/R	Fax Machine	Transcribing machine
AREV/DOS databases	ASCII	Adding Machine	Typewriter (____WPM)	Postage Meter

ORGANIZATIONS/OFFICES HELD: List professional, trade, business, or civic associations and any offices held.
(Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

SPECIAL ACCOMPLISHMENTS/AWARDS: List special accomplishments, publications, awards.
(Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

ADDITIONAL INFORMATION: List any additional information you would like us to consider.

NOTE TO APPLICANT: DO NOT ANSWER THE QUESTION BELOW UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.
 Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied: A description of the activities involved in such a job or occupation is attached.

Yes No



References

Professional References

List complete information for at least 2 persons who have knowledge of your work performance.

1. _____
(Name) Telephone Area Code + Number

(Address) City State Zip Code

2. _____
(Name) Telephone Area Code + Number

(Address) City State Zip Code

Personal References

List complete information for a least 2 persons (not related to you).

1. _____
(Name) Telephone Area Code + Number

(Address) City State Zip Code

2. _____
(Name) Telephone Area Code + Number

(Address) City State Zip Code

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the City of Hiawasse's service if I have been employed.

I give the City of Hiawasse the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The City of Hiawasse is an Equal Opportunity Employer. The City of Lilburn does not discriminate in employment and no question on this application is used for the purpose of limited or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that just as I am free to resign at any time, the City of Hiawasse reserves the right to terminate my employment at any time during the one-year Probationary Period, with or without cause, and without prior notice. I understand that no representative of the City of Hiawasse has the authority to make any assurances to the contrary.

Signature of Applicant

Date (MMDDYYYY)



Please include a copy of your background check.