

APPLICATION FOR EMPLOYMENT

City of Sylvester
101 N. Main Street
Sylvester, GA 31791
229-776-8505
www.cityofsylvester.com

We welcome and appreciate your interest in employment with the City of Sylvester. We are an Equal Opportunity Employer. No question on this application is intended to secure information for discriminatory purposes.

Applicants are required to submit accurate, complete and truthful information in response to questions on this application, on a resume, and any other information provided, including post-offer medical history information and information related to the post-offer drug test provided by the City's designated physician. Failure to do so will be grounds for rejection of this application. Applicants must provide supplementary written information where necessary to accurately and completely respond to questions.

This form is part of the examination process. Before completing the application, consider the duties of the job with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet the minimum qualifications of the position to be considered.

The City of Sylvester reserves the right to disqualify any application which is incomplete. This application may be completed at your convenience; however, failure to provide required documents by the published recruitment deadline may result in disqualification. All applicants are required to complete an application form prior to interviewing for a position. (Resumes will not be accepted in lieu of completing the application but may be attached.)

(PLEASE PRINT OR TYPE)

Date of Application _____

Position Applied for _____

On what date would you be available for work? ____/____/____

Type of employment you are seeking: Full-time ____ Temporary/Seasonal ____
Part-time ____ Intern/Volunteer ____

Full Name _____
Last First Middle

Address _____
Street Address Apt No. City State Zip Code

Telephone (____) _____ Alternate Telephone (____) _____

Have you ever used another name for work, school, or other purposes? ____ Yes ____ No
If yes, provide below:

Last Name _____ First Name _____ Middle Initial _____

Are you over 18 years of age? Yes ____ No ____

DRIVERS LICENSE INFORMATION

Employment with the City of Sylvester requires a valid Georgia driver's license with a satisfactory motor vehicle record. If Commercial Driver's License (CDL) is required of the position for which you are applying or if the essential functions of the position for which you are applying require the operation of a vehicle of any kind, please complete this section and attach a copy of your current driver's license to the application for verification.

Do you have a current and valid Georgia driver's license? Yes No

Drivers License Number	State	Class	Expiration Date
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List all the restrictions on your current driver's license: _____

Conviction Record - Failure to answer the following question will disqualify you from further consideration of employment.

Have you ever been **CONVICTED OF**, pled guilty to, or no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanor and/or felonies), in any court other than Juvenile Court? Check one: Yes No

If yes, please explain:

EDUCATION HISTORY

Level	School Name	Years Completed (Circle)	Diploma or G.E.D. Degree/Major(s)
High School		9 10 11 12	
University or Technical Schools		1 2 3 4	
Graduate or Professional Schools		1 2 3 4	

List any special skills, certifications or training:

EMPLOYMENT EXPERIENCE

- List your entire employment history for at least the past ten (10) years.
- Start with your present (or most recent) job first, and work backwards.
- List ALL military service, self-employment, and seasonal or part-time jobs no matter how little time was involved.
- Describe the specific duties of each job, beginning with primary duties.
- If you worked for the same employer but held significantly different jobs, list and describe each job separately.
- If more space is required, you may attach additional copies of employment pages.
- You may attach a resume only as additional information, but you must complete this application as well. Do NOT write "see resume" as the answer to any question.
- Employment history information will be verified by background investigation.
- **You MUST provide COMPLETE contact information for your employers, including full addresses and phone numbers.**

[1] Employer		Phone Number	
Street Address			
City, State, ZIP			
Type of Business			
Supervisor's Name		Supervisor's Phone Number	
Dates Worked From: _____		To: _____	
Starting Pay: \$ _____ per _____		Ending Pay: \$ _____ per _____	
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____	
Description of Job Duties (worked performed):			
Reason for Leaving			
May We Contact This Employer Now? <input type="checkbox"/> Yes <input type="checkbox"/> Only later, after an Offer of Employment			
May We Contact YOU at this job? <input type="checkbox"/> No <input type="checkbox"/> Yes - Number to Call is:			

[2] Employer		Phone Number	
Street Address			
City, State, ZIP			
Type of Business			
Supervisor's Name		Supervisor's Phone Number	
Dates Worked From: _____		To: _____	
Starting Pay: \$ _____ per _____		Ending Pay: \$ _____ per _____	
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____	

Description of Job Duties (worked performed):
Reason for Leaving
May We Contact This Employer Now? <input type="checkbox"/> Yes <input type="checkbox"/> Only later, after an Offer of Employment
May We Contact YOU at this job? <input type="checkbox"/> No <input type="checkbox"/> Yes - Number to Call is:

[3] Employer	Phone Number
Street Address	
City, State, ZIP	
Type of Business	
Supervisor's Name	Supervisor's Phone Number
Dates Worked From: _____ To: _____	
Starting Pay: \$ _____ per	Ending Pay: \$ _____ per
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____
	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____
Description of Job Duties (worked performed):	
Reason for Leaving	
May We Contact This Employer Now? <input type="checkbox"/> Yes <input type="checkbox"/> Only later, after an Offer of Employment	
May We Contact YOU at this job? <input type="checkbox"/> No <input type="checkbox"/> Yes - Number to Call is:	

[4] Employer	Phone Number
Street Address	
City, State, ZIP	
Type of Business	
Supervisor's Name	Supervisor's Phone Number
Dates Worked From: _____ To: _____	
Starting Pay: \$ _____ per	Ending Pay: \$ _____ per
Job Title:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week: _____
	<input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Internship/Volunteer <input type="checkbox"/> Other _____
Description of Job Duties (worked performed):	
Reason for Leaving	
May We Contact This Employer Now? <input type="checkbox"/> Yes <input type="checkbox"/> Only later, after an Offer of Employment	
May We Contact YOU at this job? <input type="checkbox"/> No <input type="checkbox"/> Yes - Number to Call is:	

Please answer yes or no to the following questions; attach additional sheets as needed.

1. Have you previously worked for any department of the City of Sylvester or does the City presently employ you?

_____ Yes _____ No

If yes, what year? _____ Department _____

2. Are you related to anyone working for the City of Sylvester? _____ Yes _____ No

If yes, complete the following:

Department _____ Name _____ Relationship _____

Department _____ Name _____ Relationship _____

3. Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons? _____ Yes _____ No

If yes, state name and address of employer and explain the circumstances _____

4. Have you served in the Military? _____ Yes _____ No

If yes, did you receive an honorable discharge? _____ Yes _____ No

If no, please explain. _____

(Note: Discharges less than honorable do not necessarily prevent employment and may only warrant further investigation.)

REFERENCES: *(Give name, address and telephone number of three references who are not related to you and are not previous employers)*

1. _____

2. _____

3. _____

RELEASE AND AUTHORIZATION – READ CAREFULLY BEFORE SIGNING

I certify that I have made no willful misrepresentation in this application, my resume and/or any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct and complete. I am aware that the information given by me in my application may be investigated. I agree to provide supplemental information if requested by the City of Sylvester’s designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City’s designated physician are grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Human Resources Manager or designee in a timely manner. I further understand that this application, resume and any other documents attached become the property of the City of Sylvester and will not be returned. I understand and voluntarily authorize and request, without any reservation, any party or agency contacted by the City of Sylvester including present and prior employers to furnish requested information to support my application.

Signature _____ Date _____

