



APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS WITHOUT REGARDS TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

| | | |
|---|------------|----------------------|
| Position Applied For | | Date of Application: |
| Last Name | First Name | Middle Name |
| Address: | | Phone Number: |
| Email Address: | | |
| Have you ever filed an application with us before? | | Yes or No |
| Have you ever been employed with us before? | | Yes or No |
| Are you currently employed? | | Yes or No |
| May we contact your present employer? | | Yes or No |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. | | Yes or No |
| Are you available to work: Full Time Part Time Shift Work | | |
| Are you currently on "lay-off" status and subject to recall? | | |
| Are you related to anyone currently employed by the City of Tifton? | | Yes or No |
| If so, Who and what department does he or she work with? | | |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | | Yes or No |

Education

| | High School | Undergraduate College/University | Graduate/Professional |
|-----------------|-------------|----------------------------------|-----------------------|
| School Name | | | |
| Years Completed | | | |
| Diploma/Degree | | | |

| | | | |
|---|-----|----|----|
| Can you speak, read, and/or write a foreign language other than English? If yes, what language. | Yes | or | No |
| Have you ever had any job-related training in the United States Military? | Yes | or | No |
| Are you physically or otherwise unable to perform the duties of the job for which you are applying? | Yes | or | No |
| Do you have a valid Georgia Driver's License? | Yes | or | No |
| Do you have a Georgia CDL? If yes, what is the classification | | | |

References

| |
|--|
| Give name, address and telephone number of three references who are not related to you and are not previous employers. |
| 1. _____ |
| 2. _____ |
| 3. _____ |

Employment Experience

Start with your **present** or last job. Include any job-related military service assignments and volunteer activities.
 You may exclude **organizations** which indicate race, color, religion, gender, national origin, handicap or other protected status.

| | | | |
|--------------------|----------------|--------------------|----------------|
| 1. Employer | Dates Employed | Hourly Rate/Salary | Work Performed |
| Address | Start: | Start: | |
| Telephone Number | End: | End: | |
| Reason for Leaving | | | |
| 2. Employer | Dates Employed | Hourly Rate/Salary | Work Performed |
| Address | Start: | Start: | |
| Telephone Number | End: | End: | |
| Reason for Leaving | | | |
| 3. Employer | Dates Employed | Hourly Rate/Salary | Work Performed |
| Address | Start: | Start: | |
| Telephone Number | End: | End: | |
| Reason for Leaving | | | |
| 4. Employer | Dates Employed | Hourly Rate/Salary | Work Performed |
| Address | Start: | Start: | |
| Telephone Number | End: | End: | |
| Reason for Leaving | | | |

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that Pre-Employment Drug Testing is required to become employed for the City of Tifton. I understand, also, that I am required to abide by all rules and regulations of the employer. I further understand that my signature below indicates that if I am hired by the City of Tifton, I give consent for direct deposit within the time period allowed to me, according to the City’s Policy.

Signature _____

Date _____



PLEASE READ CAREFULLY

THE CITY OF TIFTON REQUIRES ALL EMPLOYEES TO POSSESS A VALID GEORGIA DRIVERS LICENSE OR PHOTO ID.. BEFORE YOU COMPLETE THIS APPLICATION, PLEASE GIVE THE REQUIRED INFORMATION.

SECURITY AND PRIVACY ACT

FULL NAME _____ SOCIAL SECURITY# _____ - _____ - _____

ADDRESS _____ CITY _____

STATE _____ ZIPCODE _____ PHONE NUMBERS _____

DATE OF BIRTH ____ / ____ / ____ DRIVER'S LIC # _____ EXPIRE DATE _____

SEX _____ RACE _____ PLACE OF BIRTH _____

PLEASE LIST ANY OTHER NAMES YOU MAY GO BY: _____

I HEREBY AUTHORIZE YOUR ORGANIZATION TO RELEASE ANY AND ALL CONFIDENTIAL, CRIMINAL HISTORY, AND PRIVILEGED INFORMATION FROM YOUR FILES TO THE CITY OF TIFTON TO INCLUDE PHOTOSTATIC COPIES, IF REQUIRED, IN THE FILES OF ANY STATE OR LOCAL AGENCY IN GEORGIA.

I UNDERSTAND THAT THIS INFORMATION WILL BE USED TO DETERMINE MY QUALIFICATIONS FOR THE POSITION, WHICH I HAVE APPLIED. I UNDERSTAND AND REALIZE THAT THE INFORMATION RELEASED WILL BE HELD IN THE STRICTEST CONFIDENCE AND MAY PROVE TO BE UNFAVORABLE TO MY BEING SELECTED FOR THE POSITION. I UNDERSTAND THAT THE CITY OF TIFTON CAN CHECK MY CRIMINAL HISTORY AND CONFIDENTIAL INFORMATION AS MANY TIMES AS THEY NEED OR ANY TIME I APPLY FOR A POSITION WITH THE CITY OF TIFTON.

I THEREFORE, RELEASE YOUR ORGANIZATION AND/OR DESIGNATED OFFICAL FROM ANY LIABILITY RESULTING FROM THE DISCLOSURE OF THIS CONFIDENTIAL AND PRIVILEGED INFORMATION.

SIGNATURE DATE

SWORN AND SUBSCRIBED BEFORE ME AT (CITY & STATE) _____
THIS _____ DAY OF _____ 20 _____ .

NOTARY PUBLIC SEAL