



## 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:
If you are under 18 years of age, can you provide required proof of your eligibility to work?		Yes or No
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?		
Have you been convicted of a felony within the last 7 years?		Yes or No
If yes, please explain		

## Education

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

Can you speak, read, and/or write and 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	Yes or No

## 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.

<b>1. Employer</b>	Dates Employed	Hourly Rate/Salary	Work Performed
Address	Start:	Start:	
Telephone Number	End:	End:	
Reason for Leaving			
<b>2. Employer</b>	Dates Employed	Hourly Rate/Salary	Work Performed
Address	Start:	Start:	
Telephone Number	End:	End:	
Reason for Leaving			
<b>3. Employer</b>	Dates Employed	Hourly Rate/Salary	Work Performed
Address	Start:	Start:	
Telephone Number	End:	End:	
Reason for Leaving			
<b>4. Employer</b>	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's 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 of Applicant

\_\_\_\_\_  
Date

---

---

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview     Yes     No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Employed     Yes     No    Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE

## NOTES

---

---

---

---

---

---

---

---

**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 \_\_\_\_\_ PHONENUMBERS \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_ 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\_\_\_\_\_.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC