



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?		

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.

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_____.

SEAL

NOTARY PUBLIC