

Do you feel you can properly perform the essential functions of the job for which you are making this application? Yes No

List professional, trade, business or civic activities and offices held. You may exclude those which indicate your race, color, religion, sex, national origin or disability. _____

Please list the names, addresses and telephone numbers of **three references** who are not related to you and are not previous employers. _____

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Employment Experience

Begin with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer 1.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 2.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 3.	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 4	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Employer 5	Telephone	Beginning Date	Ending Date
Address City, State, Zip			
Job Title	Beginning Salary	Ending Salary	
Name of Supervisor		Reason for leaving	
Description of Work Performed			

Special Skills and Qualifications

Please summarize any special skills and qualifications acquired from employment or other experience. _____

Special skills and experience (check any that apply to you).

Dictaphone Drivers License Typing WPM Bookkeeping
 Keypunch CDL License POST Training # of hours Work nights

	<u>High School</u>	<u>College/Technical School/University</u>	<u>Graduate School</u>
Name of School			
Number of Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Degree/Year			
Course of Study	General Education		
Describe Specialized Training, Apprenticeships, Skills and Extracurricular Activities			
Honors & Recognitions Received			

Please state any additional information you feel may be helpful to us in considering your application. _____

Applicant's Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without causes and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration, I understand that no supervisor or representative of the employer is authorized to make any assurances to be contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the city manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

SUBSTANCE ABUSE TESTING.

Effective March 6, 2001 all job applicants at City of Glennville will undergo testing for the presence of alcohol or illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment.

Applicants will be required to submit voluntarily to a drug screening test at a facility chosen by this company, and by signing a consent agreement will release this company from liability.

If the official or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen, the applicant will not be considered for employment.

The City of Glennville will not discriminate against applicants for employment because of a past history of drug abuse. It is the current abuse of drugs, preventing employees from performing their jobs properly, that the City of Glennville will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than six (6) months; but they must present themselves drug free as demonstrated by screening tests selected by the City of Glennville.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date Signed

<u>For Hiring Department to Complete</u>	
Arrange interview? <input type="checkbox"/> Yes <input type="checkbox"/> No Interviewer: _____	
Remarks: _____	
Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Employment: _____	
Job Title: _____ Department: _____	
Completed by: _____ Date: _____	

Applicant Data Record

City of Glennville An Equal Opportunity Employer

- Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.
- As employers/government contractors, we comply with government regulations and affirmative action requirements.
- Completion of this form is totally voluntary in nature and is used solely to help us comply with government record-keeping, reporting, and other legal requirements.
- This data is for periodic government reporting and will be kept in a Confidential File separate from the application for employment, and will not be disclosed to any person charged with the responsibilities of hiring for this position.

(PLEASE PRINT)

Position(s) Applied For: _____ Date of Application: _____

Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Walk In
 ___ Employment Agency ___ Other _____

Name _____
 Last First Middle

Address _____
 House Number Street City State Zip

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Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmation action only. Submission of information is voluntary.

Please circle one: Male Female

Please circle one: White/Caucasian Black/African-American
 Hispanic American Indian/Alaskan Native
 Asian/Pacific Islander

Circle if any of the following are applicable: Vietnam Era Veteran Disabled Veteran
 Handicapped Individual

For Personnel Department Use Only

Position(s) applied for is/are open: Yes No Date: _____

Position(s) considered for: _____

City of Glennville
134 S. Downing Musgrove Hwy
Glennville, GA 30427

I, _____, hereby understand that, as a condition of my employment, I may be subject to drug and/or alcohol testing for any of the following reasons:

- Pre-employment
- Post-Hire
- Post-Accident
- For Cause or Suspicion
- Random
- Promotion and/or Job Transition

I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of company policy and is cause for immediate termination.

I understand and accept the terms of this agreement as a condition of my employment. _____
(Employee Initials)

RELEASE OF CRIMINAL RECORDS

I, the undersigned, do hereby authorize the above company to examine any and all criminal records and arrests on file in the counties in the State of Georgia or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history. I also hereby release any parties concerned from any actions whatsoever, arising out of or relating to the release of the requested information.

At this time would your Criminal/Background History Report show any derogatory information at all?
(Circle One.) Yes No

Answering "yes" will no automatically disqualify you from employment consideration.
If yes, please explain in detail. _____

Signature Date

Print Name Social Security Number Date of Birth

Driver's License Number Street Address

City State Zip

**Georgia Bureau of Investigation
Georgia Crime Information Center
Georgia Driver's History Consent Form**

I hereby authorize the _____
(fire department/law enforcement agency name)

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (print)

Address

Sex Date of Birth Driver's License Number

Signature

Date