The City of Williamson

"Cherish Our Past. Plan Our Future"

P.O. Box 9 Williamson, Georgia 30292 Phone: 770 227-8380 FAX: 770 227-8623

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"An Equal Employment Opportunity"

Application for Employment

PERSONAL INFORMATION: Name ____ First Middle Address: _____Street Address __, _____City State, ____ How long have you lived at the above address?_____ Phone Number: () - email Are you legally eligible to work in the U.S.? Yes or No (circle one) (Note: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.) State ____ Class/Restrictions____ Driver's License Number: (Note: Possession of a valid driver's license is not an essential function of all employment offered by the City and not having a driver's license does not necessarily disqualify your application.) Have you had any traffic violations or license suspension in the past 3 years? Yes or No (circle one) (Use an additional page if necessary) If YES, list violation and dates: Have you ever been charged with a felony or misdemeanor where disposition was a conviction, a plea of nolo contendere (nocontest), or first offender treatment? Yes or No (circle one) If YES, describe circumstances: (Use an additional page if necessary)

Note: A criminal conviction will not necessarily disqualify your application, except that a felony conviction will bar employment in a law enforcement job; the disclosure of a misdemeanor conviction will not automatically result in disqualification. Criminal histories will be submitted to the National Crime

Have you ever been dismissed or asked to resign from any job? Yes or No (circle one)						
If YES, explain in detail:						
(Use an additional page if necessary)						
Have you served in the Military? <u>Yes</u> or <u>No</u> (circle one), Length of service:						
Do you Presently Serve in the Reserves or Guard? <u>Yes</u> or <u>No</u> (circle one) If yes, give unit details below:						
Are you currently, or have you ever been, employed by The City of Williamson? <u>Yes</u> or <u>No</u> (Circle one)						
If YES, state when and position:						
Do you have any relatives who are employed by The City of Williamson? <u>Yes</u> or <u>No</u> (circle one)						
If YES, give name and relationship:						
Have you ever been elected to public office? <u>Yes</u> or <u>No</u> (circle one) If yes, give details:						
Have you ever worked for any Federal, State, Municipal or County government? <u>Yes</u> or <u>No</u> (circle one)						
If so, state when, where and length of service.						
PHYSICAL RECORD: List any existing physical limitations, allergies, or medical conditions which may limit your job performance:						
(Use an additional page if necessary)						
Note: All personal medical information will be protected as required under The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and other applicable government regulations.						
In Case of Emergency, Notify:						
Name () -						

Information Center (NCIC) for verification. Failure to disclose a conviction may be considered grounds for disqualification. Applicants should be careful to disclose all criminal convictions in the space above.

Address Phone

Type	Name of School	Years Attended	Subjects Studied		
High School Grad? Y / N					
College Grad? Y / N					
Post Grad					
Trade/Business					
Other Education					
EMPLOYMENT DES	IRED:				
Position Desired:					
Why are you interested	l in serving in this capacity?				
	Hours required				
List special skills and t	alents you have and machines and	d equipment you can o	perate which will aid in		
your work performance	e?				
CONTRACT WORKE	<u>CRS</u> :				
your duties (such as ha	ompany, own or lease tools, equip nd tools, mowing equipment, trim own or lease which you intend to	nmers, tractors, etc.)?	<u>Yes</u> or <u>No</u> (circle one) If		
work.					
work.	(Use an additional page if				

Are you or your company licensed and insured, and/or would you be bonded during and related to any

work performed for	the City? Give details:				
	(Use an additional page	e if necessary)			
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FORMER EMPLOY	YERS: (Give at least the ten year	s of employmen		nal page if necessary	
Date: From/To	Name and Address	Salary	Position	Reason for Leaving	
REFERENCES: (List	st three persons, not related to yo	ou, who you hav Address	e known at least	one year) Years	
Ivaille		Address		Known	
1.					
2.					
3.					
I have made applicate authorized to make a Criminal histories. I information regardir whether or not it is information. I <u>authorize</u>	THORIZATION TO RELEASE tion for employment with The Canny investigation of my prior Moalso authorize my employer and my employment, transcripts, an their records. I hereby release the trize or do not authorize (circle of	ity of Williamso tor Vehicle Rec or former empl nd/or any informany of them from any of the City to of	on (the City). The cords, Credit, Ed loyers and schoo mation they have lamage whatsoev contact my prese	ls to release e regarding me, ver for issuing such ent employer.	
วเหแตน.			Date:		
My signature below	acknowledges that I have compl	eted this form h	onestly.		
Signed:	igned: Date:				