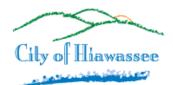


# **Application for Employment**

The applicant must be able to pass a drug to position Applying for:	_		plication:	-
Referral Source: Advertisement En				
Name:Last	First		Middle	
Address:				
Address: Street		City	State	Zip Code
Home Telephone Number	Social	Security Number		
Cell Phone Number	Email /	Address		
If necessary, best time to call you at home is _ May we contact you at work?				
lf you are under 18, can you furnish a Work Pe	ermit?			🖸 Yes 📮 No
Have you filed an application here before? (If	yes, give date	)		🖸 Yes 📮 No
Have you ever been employed here before? (	If yes, give dates	)		🛛 Yes 📮 No
Are you legally eligible for employment in the L (Proof of citizenship or immigration status will k				🛛 Yes 📮 No
Are you on layoff and subject to recall?				🛛 Yes 🖵 No
Date available for work				<u> </u>
Type of employment desired: 🗖 Full Time 🗧	Part Time D Temporary	=	e to work varying sh /eekends and holida	
Will you work overtime, if required?				🛛 Yes 🖵 No
Are you able to meet the attendance requireme	ents of this position?			🛛 Yes 🖵 No
lave you ever been bonded?				
Have you ever been convicted of a criminal off f yes, please explain:				Yes No
(Such conviction may be relevant if job related,	, but does not bar you from (	employment.)		
Driver's License Number		State		



## **Employment History**

List your employers, assignments or volunteer activities for the past 10 years, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer			( )	Telephone -	Summarize the nature of the work performed and job responsibilities
Address			Da FR	tes Employed OM TO	
City	State	Zip Code			
Job Title			Hourly Rate/Salary STARTING		
Immediate Su	pervisor and Title		\$	Per	
Reason for Lo	eaving		Hou	rly Rate/Salary FINAL	
	act for reference?		\$	Per	

Employer	( )	elephone -	Summarize the nature of the work performed and job responsibilities
	Dates Employed		
	FRO	<u>М ТО</u>	
Job Title		y Rate/Salary TARTING	
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourl	y Rate/Salary FINAL	
May we contact for reference?	•	Per	
Yes No Later	\$		

Employer	Telej	phone	Summarize the nature of the work performed and job responsibilities
Address	Dates E FROM	mployed TO	
City State Zip Code			
Job Title		ate/Salary RTING	
Immediate Supervisor and Title	\$	Per	
Reason for Leaving		ate/Salary NAL	
May we contact for reference?	\$	Per	

Employer	Telep	ohone	Summarize the nature of the work performed and job responsibilities
Address	Dates E FROM	mployed TO	
City State Zip Code			
Job Title		ate/Salary RTING	
Immediate Supervisor and Title	\$	Per	
Reason for Leaving		ate/Salary IAL	
May we contact for reference?	\$	Per	

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from training, employment and/or other experiences that may qualify you to work with the City of Hiawassee. Include training certifications and POST, if applicable.



### **Educational Background**

- (if job related) A. List last three (3) schools attended, starting with the last one
- B. List number of years completed
  C. Indicated degree or diploma earned, if any.
- D. Grade Point Average or Class Rank
- E. Major field of study (if applicable).F. Minor field of study (if applicable)

A.	<b>B.</b> Number Years	C.	D. GPA/Class	E.	F.
School/College	Completed	Degree/Diploma	Rank	Major	Minor

**FOREIGN LANGUAGE SKILLS:** List any foreign language(s) you know and check ( $\sqrt{}$ ) the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

#### SPECIALIZED SKILLS: Check skills and equipment operated.

Computer Software		Accounting	Office M	lachines
Microsoft WORD	Microsoft OUTLOOK	Payroll	Computer	Scanner
Microsoft ACCESS	Microsoft PUBLISHER	A/P	Copier/Printer	Digital Camera
Microsoft EXCEL	Graphic Design	A/R	Fax Machine	Transcribing machine
AREV/DOS databases	ASCII	Adding Machine	Typewriter (WPM)	Postage Meter

ORGANIZATIONS/OFFICES HELD: List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

SPECIAL ACCOMPLISHMENTS/AWARDS: List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

ADDITIONAL INFORMATION: List any additional information you would like us to consider.

NOTE TO APPLICANT: DO NOT ANSWER THE QUESTION BELOW UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied. A description of the activities involved in such a job or occupation is attached. D No 🖵 Yes



### References

### **Professional References**

List complete information for at least 2 persons who have knowledge of your work performance.

(Name)	Те	Telephone Area Code + Number				
(Address)	City	State	Zip Code			
(Name)	Te	Telephone Area Code + Numbe				
(Address)	City	State	Zip Code			
rsonal References complete information for a least 2 pe	rsons (not related to you).					
	Telephone Area Code + Nu					
(Name)	Te	lephone Area Cod	le + Number			

2					
(Name)	Telephone Area Code + Nur				
(Address)	City	State	Zip Code		

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the City of Hiawassee's service if I have been employed.

I give the City of Hiawassee the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The City of Hiawassee is an Equal Opportunity Employer. The City of Hiawassee does not discriminate in employment and no question on this application is used for the purpose of limited or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that just as I am free to resign at any time, the City of Hiawassee reserves the right to terminate my employment at any time during the one-year Probationary Period, with or without cause, and without prior notice. I understand that no representative of the City of Hiawassee has the authority to make any assurances to the contrary.

Signature of Applicant

Date (MM/DD/YYYY)

City Hall, 50 River Street,

