

City of Villa Rica

EMPLOYMENT APPLICATION

The City will provide reasonable accommodations in completing this form if requested.

1. Position (s) applied for:
A. _____ B. _____ C. _____

2. _____
LAST NAME FIRST MIDDLE
3. _____
SOCIAL SECURITY NUMBER

4. _____
ADDRESS - NUMBER AND STREET
5. _____
HOME PHONE NUMBER

6. _____
CITY STATE ZIP BUSINESS PHONE NUMBER

7. When would you be available for employment? _____

8. What are your salary expectations? _____

9. Have you been employed previously by this jurisdiction? YES or NO
Have you ever been employed with another governing entity? YES or NO
If "YES" to either list year(s) and agency _____

10. Do you have any specific licenses, certifications, etc. which will assist you in performing the duties associated with the position for which you are applying? _____

11. Have you ever been a member of the armed services? YES or NO
National Guard? YES or NO Reserves? YES or NO
Type of Discharge: _____ Active Status: _____

12. Do you hold a current professional license that will assist you in performing the duties associated with the position for which you have applied? YES or NO
Profession: _____ License # _____

13. Have you ever been charged with a felony? YES or NO
If "YES", list charge(s) _____

EDUCATION

14. Are you a high school graduate or do you hold a GED Certificate? YES or NO
If "NO" circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

EDUCATION (continued)

| | Name / Address | Major | Degree | Graduation Date |
|-------------------------|----------------|-------|--------|-----------------|
| High School / GED | | | | |
| Business / Trade School | | | | |
| College | | | | |
| Graduate School | | | | |

EMPLOYMENT HISTORY

Use additional sheets if Necessary

Employed: from _____ to _____ Total Years _____ months _____

Starting Salary _____ per _____ Final Salary _____ per _____

Employer _____ phone number _____

Address _____

Kind of Business _____ your position _____

Specific Duties _____

Reason for leaving _____

=====

Employed: from _____ to _____ Total Years _____ months _____

Starting Salary _____ per _____ Final Salary _____ per _____

Employer _____ phone number _____

Address _____

Kind of Business _____ your position _____

Specific Duties _____

Reason for leaving _____

=====

Employed: from _____ to _____ Total Years _____ months _____
Starting Salary _____ per _____ Final Salary _____ per _____
Employer _____ phone number _____
Address _____
Kind of Business _____ your position _____
Specific Duties _____
Reason for leaving _____

=====

Employed: from _____ to _____ Total Years _____ months _____
Starting Salary _____ per _____ Final Salary _____ per _____
Employer _____ phone number _____
Address _____
Kind of Business _____ your position _____
Specific Duties _____
Reason for leaving _____

BUSINESS REFERENCES

Name of reference _____
Address _____ phone _____
=====

Name of reference _____
Address _____ phone _____
=====

Name of reference _____
Address _____ phone _____

I hereby certify that all statements made on this form are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentations, I will be subject to immediate dismissal.

DATE

SIGNATURE

PERSONAL HISTORY RELEASE AUTHORIZATION

I _____ (PRINT NAME) hereby declare the information provided by me in this application to be true, correct and complete. I understand that misrepresentation, omissions of fact, and/or falsification of this information are grounds for refusal to hire, or, if hired, for termination.

By my signature on this document, I authorize current and past employers, co-workers, educators, and other individuals with such knowledge of me and my personal and/or work ethics to disclose this knowledge and/or information to a duly authorized agent of the *City of Villa Rica* for the purpose of a background investigation concerning my potential employment with the *City of Villa Rica*.

NOTE: CHECK AND INITIAL IF YOU DO NOT WANT US TO CONTACT YOUR CURRENT EMPLOYER AT THIS TIME: _____

By my signature on this document, I authorize any duly authorized agent of the *City of Villa Rica* to request and receive verification of all information given in this application and any other information pertinent to my potential employment with the City.

I fully understand that this information will be used as a basis for the offering or denial of employment. **By my signature on this document,** I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A PHOTOCOPY OF THIS RELEASE SHALL BE AS VALID AS AN ORIGINAL THEREOF, EVEN THOUGH SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

DATE

SIGNATURE (sign in the presence of a notary public)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

NOTARY CERTIFICATION:

THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____