

City of Villa Rica

EMPLOYMENT APPLICATION

The City of Villa Rica is an Equal Opportunity Employer

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. _____
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) or 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