

EMPLOYMENT APPLICATION

This application is not an employment contract, but merely is intended to provide information necessary to evaluate suitability for employment. It is the policy of the City of Demorest to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, genetic information, veteran status, or any other status protected under state or federal law. It is also the policy of the City of Demorest to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include a drug test or other physical evaluations. This application will remain active for 180 days.

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

APPLICATION INFORMATION

POSITION APPLYING FOR:			DATE YOU CAN BEGIN WORK:			DESIRED SALARY:		
						\$		
PREFERENCE:	FULL-TIME	PART-TIME	CAN YOU WORK:	WEEKENDS	CAN YOU WORK:	EVENINGS		

PLEASE ANSWER THE FOLLOWING QUESTIONS. USE ADDITIONAL PAPER IF NECESSARY, NOTING THE QUESTION(S).

- Are you at least 18 years of age and legally eligible for work in the United States? YES NO
- Will you work overtime when necessary? YES NO
- Have you received a description of the job or been made aware of the essential functions of the job for which you are applying? YES NO
- Do you understand the job requirements? YES NO
- Are you on layoff and subject to recall? YES NO
- Have you been discharged or asked to resign from a job? If Yes, explain. YES NO
- Have you ever been convicted of or pled guilty to a crime? If Yes, explain. *This does not apply to convictions expunged under GA Law.* YES NO

PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS:					
STREET		CITY		STATE	
				ZIP CODE	
HOME PHONE:		MOBILE PHONE:		WORK PHONE:	

EDUCATION

HIGH SCHOOL ATTENDED		CITY, STATE		DID YOU EARN A DIPLOMA?	

COLLEGE ATTENDED	CITY, STATE	AREAS OF STUDY	DEGREE/CERTIFICATE/DIPLOMA
COLLEGE ATTENDED	CITY, STATE	AREAS OF STUDY	DEGREE/CERTIFICATE/DIPLOMA
COLLEGE ATTENDED	CITY, STATE	AREAS OF STUDY	DEGREE/CERTIFICATE/DIPLOMA
TECHNICAL, BUSINESS OR OTHER SCHOOL ATTENDED	CITY, STATE	AREAS OF STUDY	DEGREE/CERTIFICATE/DIPLOMA

EMPLOYMENT HISTORY

Beginning with your most recent employer, list below your employment for the past five (5) years.

EMPLOYER	CITY, STATE	PHONE	DATES TO & FROM	MAY WE CONTACT?
POSITION HELD	PAY RATE UPON LEAVING \$	SUPERVISOR	REASON FOR LEAVING	
DUTIES PERFORMED				

EMPLOYER	CITY, STATE	PHONE	DATES TO & FROM	MAY WE CONTACT?
POSITION HELD	PAY RATE UPON LEAVING \$	SUPERVISOR	REASON FOR LEAVING	
DUTIES PERFORMED				

EMPLOYER	CITY, STATE	PHONE	DATES TO & FROM	MAY WE CONTACT?
POSITION HELD	PAY RATE UPON LEAVING \$	SUPERVISOR	REASON FOR LEAVING	
DUTIES PERFORMED				

EMPLOYER	CITY, STATE	PHONE	DATES TO & FROM	MAY WE CONTACT?
POSITION HELD	PAY RATE UPON LEAVING \$	SUPERVISOR	REASON FOR LEAVING	
DUTIES PERFORMED				

LICENSES AND CERTIFICATIONS

- DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO
- DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE? YES NO
- HAVE YOU BEEN CONVICTED OR PLED GUILTY TO A TRAFFIC-RELATED OFFENSE WITHIN THE PAST FIVE (5) YEARS? YES NO
- HAVE YOU HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED, OR HAD YOUR DRIVING PRIVILEGE MODIFIED BY A COURT OF LAW? YES NO
- DO YOU HAVE CERTIFICATIONS IN THE WATER OR WASTEWATER PROFESSION? YES NO

IF YES, LIST CERTIFICATIONS: _____

LIST ANY OTHER CERTIFICATION OR PROFESSIONAL LICENSE YOU HAVE EARNED: _____

LIST ANY SKILLS YOU MAY HAVE THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING:

AFFIDAVIT OF APPLICANT'S AGREEMENT

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the City of Demorest from all liability that might result from make the investigation. If I am offered and accept a position, I agree to conform to all existing and future rules and regulations of the City of Demorest, and I understand that the City reserves the right to change wages, hours, and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF I AM HIRED, MY EMPLOYMENT WILL BE AT-WILL, MENAING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.

Signature **Date**