

City of Kingston 30 West Main St., Box 309 Kingston, GA 30145 770-336-5905 Fax: 770-336-5904

Employment Application

		······································						
		App	licant Ir	nforma	ition			
Full Name:						Date:		
Last		First				M.I.		
Address:								
nduross.	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
	Gity					State	Zh Code	
Phone:			E	Email				
Date of Birth	,	Social Security	No:			Desired	Salary:\$	
Date of Biltin	:	Oocial Geoding	y 140		***		Calary. <u> </u>	
Position App	olied for:							
		YES	NO				YES	NO
Are you a cit	izen of the United States?						ork in the U.S.?	
Have you ever worked for the City of		YES	NO					
Kingston?				If yes,	when?_			.
		YES	МО					
Have you ev	er been convicted of a felor	ıy? 🔲						
lf yes, explai	in:					· · · · · · · · · · · · · · · · · · ·		
			Educa	ation		e e e e e		
·					10			
High School	<u> </u>		Address:_					
_	_	D: I	14-0	YES	МО	Dialaman		
From:	To:	Did you g	raduate?	Ц		Dipioma	<u></u>	
College:	_		Address:_					
				YES	NO			
From:	To:	Did you g	raduate?		Ö	Degree:		
O#b = ==			Address:					
Other:			Audi 699					
From:	To:	Did you g	raduate?	YE\$	NO	Degree:		

Previous Employment							
Company:		Phone:					
Address:		Supervisor:					
Job Title: Starting	Starting Salary:\$						
Responsibilities:							
From: To:	Reason for Leaving:						
May we contact your previous supervisor for a reference?	YES NO						
Company:		Phone:					
Address:		Supervisor:					
Job Title: Starting	g Salary: <u>\$</u>	Ending Salary:\$					
Responsibilities:							
From: To:	Reason for Leaving:						
May we contact your previous supervisor for a reference?	YES NO						
Company:		Phone:					
Address:		Supervisor:					
Job Title: Starting	Starting Salary:						
Responsibilities:							
From: To:	Reason for Leaving:						
May we contact your previous supervisor for a reference?	YES NO						
Milita	ry Service						
Branch:	From:	To:					
Rank at Discharge:	Type of Discharge:	<u> </u>					
If other than honorable, explain:							

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:						
Date Available							
P			· ·				
Denied	Reviewed	Interviewed	Date:				
Notes:							
		Title:					

*"USDA is an equal opportunity provider, employer and lender."