

CITY OF BLACKSHEAR

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT

DATE OF APPLICATION: _____

As an Equal Opportunity Employer, it is the policy of the CITY OF BLACKSHEAR to afford equal employment opportunity to all individuals, regardless of their race, color, creed, religion, gender, national origin, age, marital status, military/veteran status, or any non-job-related disability or medical condition.

POSITION INFORMATION

Position Applying For: _____ Location: _____

PERSONAL INFORMATION

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NO.) (STREET) (CITY) (STATE) (ZIP)

HOME PHONE NO.: _____ ALTERNATE PHONE NO.: _____

EMAIL ADDRESS: _____

Other names under which you have been employed or any names that are necessary to check employment or educational history:

Referral Source: _____

Do you have relative currently working for the City of Blackshear? Yes No

If yes, list names(s), relationship, position, and location: _____

Have you previously worked as an employee for the City of Blackshear? Yes No

If yes, last date of employment: ____/____/____ Location: _____

Have you been convicted of a felony within the past 5 years? Yes No

Note: A "Yes" response does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes," please list date, location, and explain:

Have you ever been convicted of a drug or alcohol related offense? Yes No

Note: A "Yes" response does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes," please list date, location, and explain:

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PERSONAL INFORMATION (cont.)

Can you perform the essential job requirements as described to you, with or without accommodation?

_____ Yes _____ No

If "No," please explain: _____

Do you have any commitment to another employer that might affect your employment with the City of Blackshear?

_____ Yes _____ No

If "Yes," please explain: _____

Date Available to Begin Work: _____ / _____ / _____

WORK PREFERENCE

Type of employment desired: _____ Full-Time _____ Part-Time _____ Seasonal

EDUCATION AND TRAINING

High School: _____
(Name of School) (City and State)

Did you graduate? _____ Yes _____ No If "No," did you obtain a GED? _____ Yes _____ No

College: _____
(Name of School) (City and State)

Did you graduate? _____ Yes _____ No

If "No," # of hours completed: _____ Degree: _____

Correspondence or Trade School: _____
(Name of School) (City and State)

Do you have any professional licenses and/or certifications that are job related? If "Yes," please list:

Have you ever served in the U.S. Military Services? _____ Yes _____ No

If "Yes," Branch: _____ Rank: _____

Type of Skills and training: _____

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EMPLOYMENT HISTORY

Begin with the most recent place of employment and go back 10 years. All information will be treated confidentially.

Company Name _____	Employed from _____ to _____
Address (City and State) _____	Position Title _____
Supervisor _____	Ending Salary _____
Supervisor's Title _____	Telephone _____
Duties: _____	

Company Name _____	Employed from _____ to _____
Address (City and State) _____	Position Title _____
Supervisor _____	Ending Salary _____
Supervisor's Title _____	Telephone _____
Duties: _____	

Company Name _____	Employed from _____ to _____
Address (City and State) _____	Position Title _____
Supervisor _____	Ending Salary _____
Supervisor's Title _____	Telephone _____
Duties: _____	

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EMPLOYMENT HISTORY (cont.)

_____ Company Name	Employed from _____ to _____
_____ Address (City and State)	_____ Position Title
_____ Supervisor	_____ Ending Salary
_____ Supervisor's Title	_____ Telephone
Duties: _____	

_____ Company Name	Employed from _____ to _____
_____ Address (City and State)	_____ Position Title
_____ Supervisor	_____ Ending Salary
_____ Supervisor's Title	_____ Telephone
Duties: _____	

_____ Company Name	Employed from _____ to _____
_____ Address (City and State)	_____ Position Title
_____ Supervisor	_____ Ending Salary
_____ Supervisor's Title	_____ Telephone
Duties: _____	

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PLEASE READ CAREFULLY

AUTHORIZATION AND UNDERSTANDING

I represent that the answers and information given by me in this application are true and complete. I authorize the City of Blackshear to verify the information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions) contracted by the Company to furnish any information relevant to my application for employment. I agree to sign all necessary release forms to be provided to these third parties for the release of such information. I understand that any misrepresentation or omission of fact requested is cause for dismissal.

I understand that any offer of employment is conditioned on my successful completion of a post-offer drug screening.

In consideration of my employment, I agree to conform to the rules and policies of the City of Blackshear.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THE ABOVE PARAGRAPHS AND AGREE TO THE FOREGOING CONDITIONS OF EMPLOYMENT.

Signature

Date

The City of Blackshear is an Equal Opportunity Employer – We do not discriminate on the basis of race, color, religion, gender, national origin, age, disability, or veteran status.

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BACKGROUND CHECK/AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: Under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681, et. seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit the City of Blackshear to obtain, any person, firm or entity to release to the City, the following: 1) my employment record; 2) records concerning any criminal history; 3) records concerning my driving history; 4) for truck drivers only, information concerning drug and alcohol information for the past two years; 5) records concerning my credit history, when this information is indicative of a bona fide occupational qualification (BFOQ); 6) records concerning my workers compensation history (post-offer); 7) verification of my academic and/or professional credentials; and 8) information and/or copies of documentation from my military service records. The above items, which constitute an "investigative consumer report," may include information as to my character, general reputation, personal characteristics, and mode of living. I agree that a copy of this authorization has the same effect as the original. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with the authorization and the City of Blackshear from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are further advised under said act that you may request a copy of this report from the consumer reporting agency that compiled said report after proper identification has been received.

APPLICAT INFORMATION (Please Print):

Full Name (Last, First, Middle) _____

Social Security Number _____

Aliases: (include maiden name) _____

Telephone _____

Please list all residences where you have lived during the past five years.

Current Address, City, State, Zip _____ County _____

From (Mo./Yr.) _____ To (Mo./Yr.) _____

Previous Address, City, State, Zip _____ County _____

From (Mo./Yr.) _____ To (Mo./Yr.) _____

Previous Address, City, State, Zip _____ County _____

From (Mo./Yr.) _____ To (Mo./Yr.) _____

Valid Driver's license # _____ State: _____

Exp. Date: _____

Has your driver's license ever been suspended or revoked? _____ Yes _____ No

If "Yes," please explain: _____

Date of Birth: _____ (For purposes of obtaining Driver's License Information Only)

NOTE: This application will be considered "active" for a maximum of ninety (90) days. If you wish to be considered for employment after the 90 days, you must reapply.

Signature _____

Date _____