



APPLICATION FOR EMPLOYMENT

CITY OF CORDELE
DEPARTMENT OF HUMAN RESOURCES
501 7TH ST., NORTH
P.O. BOX 569
Cordele, GA 31010

THE CITY OF CORDELE CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.

PLEASE PRINT

Position applied for:	Application date:
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Referred by: <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Internet Posting <input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Friend or Relative _____ <input type="checkbox"/> Staffing Agency _____ <input type="checkbox"/> T.V Station _____ <input type="checkbox"/> Other _____
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Last Name	First	Middle
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Physical Address:	SSN:
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Mailing Address:

City	State	Zip
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Home Phone:	Personal Cell:
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Additional Contact Number:	E-Mail:
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If you are under 18 years of age, can you provide proof of your eligibility to work?
 Yes No N/A

Have you ever filed an application with the City of Cordele? Yes No

If YES, for what position(s)?
Have you ever been employed by the City of Cordele? Yes No

If YES, what Department & Division?

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?
 Yes No

Are you available to work: Full-time Part-time Shift work Temporary or Seasonal

Are you currently on Lay-Off status and subject to recall? Yes No

If you are currently employed, may we contact your present employer? Yes No

Applicant's Statement

I hereby authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also understand that the City of Cordele will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

The Application for Employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being considered at that time. You may contact Human Resources at (229) 276-2903.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this municipality is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this municipality.

I understand that all appointments are for an orientation period of at least 12 (twelve) months, during which time I must demonstrate my fitness for continued employment. I am further aware that willfully withholding information or making false statements on this application will be a basis for denial of a position prior to employment, and should such willful withholding or false statement become evident after appointment, such evidence will constitute sufficient grounds for dismissal from service with the City of Cordele. I fully understand and agree to these conditions. I hereby certify that all statements made by me on this application, related documents, and in interviews are true and complete to the best of my knowledge.

Signature:

Date:

We are an Equal Opportunity Employer

Education

School name & address Please list name & address of each that affects the applicant	Elementary School					High School				Undergraduate College/University				Graduate/Professional		
	Name & Address					Name & Address				Name & Address				Name & Address		
Circle years completed	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>			
List diploma / degree received																
List course of study																
Specialized training, apprenticeship, skills and certifications.																
Honors, awards or recognition you have received.																
Please state any additional information you feel may be helpful to us in considering your application.																
List any professional trade, business or civic activities & offices held.																

References

Please provide name, address & telephone number of (3) three references who are not related to you & are not a previous employer

Name	Telephone	Mailing Address
1.		
2.		
3.		

Have you ever had any job-related training in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe. Which branch & duty?			
Branch		Duty(ies)	

Please read the attached job description thoroughly and state whether or not you are able to perform the duties of this position, with or without accommodation. Yes No

Employment Experience

Start with your present or last job. Include job-related military service assignments and volunteer activities.

1. Employer:	Dates employed From: _____ To: _____	<u>Job title and duties</u>
Address:	Hourly Rate Starting _____ Final _____ \$ _____ \$ _____	
City / State / Zip Code		
Reason for leaving:		Telephone:

2. Employer:	Dates employed From: _____ To: _____	<u>Job title and duties</u>
Address:	Hourly Rate Starting _____ Final _____ \$ _____ \$ _____	
City / State / Zip Code		
Reason for leaving:		Telephone:

3. Employer:	Dates employed From: _____ To: _____	<u>Job title and duties</u>
Address:	Hourly Rate Starting _____ Final _____ \$ _____ \$ _____	
City / State / Zip Code		
Reason for leaving:		Telephone:

4. Employer:	Dates employed From: _____ To: _____	<u>Job title and duties</u>
Address:	Hourly Rate Starting _____ Final _____ \$ _____ \$ _____	
City / State / Zip Code		
Reason for leaving:		Telephone:

5. Employer:	Dates employed From: _____ To: _____	<u>Job title and duties</u>
Address:	Hourly Rate Starting _____ Final _____ \$ _____ \$ _____	
City / State / Zip Code		
Reason for leaving:		Telephone:

CRIMINAL HISTORY/DRIVERS LICENSE CHECK
CONSENT FORM

I hereby authorize the City of Cordele to receive any Criminal History and/or Driver History information pertaining to me which may be in the files of any State or Local criminal justice agency in Georgia or elsewhere. I authorize the City of Cordele to check that I have a valid Driver's License. I understand that if employed, my Criminal History and Driver History may be randomly checked by the City of Cordele. I also understand that all information gathered regarding my Criminal History and/or Driver History will be viewed only by those authorized to do so by the State of Georgia and all information will be handled in a strict and confidential manner.

A photographic copy of this authorization shall be as valid as the original.

Print Full Given Name

Print Name as Shown on Your Driver's License

Physical Address	City	State	Zip
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Mailing Address (if applicable)	City	State	Zip
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Driver's License Number	Class	Expiration Date
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Social Security Number	Date of Birth
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*Sex	*Race	*Used for Identification Purposes Only
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Signature

Date

PRE-EMPLOYMENT DRUG AND ALCOHOL
CONSENT FORM

As an applicant for employment with the City of Cordele, I do hereby consent to submit to a urinalysis for drug screening and an intoximeter test for alcohol in accordance with the City of Cordele's Anti-Drug and Alcohol Program. I understand that all screening procedures will be conducted after I have been offered and accepted a position with the City of Cordele.

I realize that any positive result not caused by the presence of legitimately prescribed or over-the-counter drugs will cause my job offer to be rescinded, or I will be dismissed if positive results of the test are received after my initial employment date.

I further give my permission to release the results of any testing to the City of Cordele or its authorized agents. I also agree that in return for consideration of my application for employment, I release the City of Cordele and any of its agents, authorized personnel, medical laboratories, and medical review officers from any and all liability in connection with this pre-employment analysis.

A photographic copy of this authorization shall be as valid as the original.

Full Given Name

Physical Address	City	State	Zip
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Mailing Address (if applicable)	City	State	Zip
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Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I have applied with the City of Cordele (hereinafter "City") for employment. Part of the employment process is a background investigation and verification of information that I provide or will provide on my application for employment.

I do hereby authorize a review of and full disclosure of all records concerning me to the City. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial statements and records wherever filed, and employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me whether representing me or another person in any case either criminal or civil, in which I presently have or have not had an interest; motor vehicle record; criminal history record which may be in the files of any state or local criminal justice agency and/or any other information contained in your files relevant to my employment with the City.

I hereby fully and finally release and discharge the City and its officials, employees and agents from any and all liability for acts and omissions taken pursuant to this authorization, including any and all liability which arises out of or in connection with the release or dissemination of such information. I similarly release and discharge all persons, corporations, and other entities who release any information or documents pursuant to this authorization from any and all liability therefor which arises out of or in connection with the release or dissemination of such information. I represent and warrant that I will not, directly or indirectly, seek disclosure of information obtained pursuant to this authorization either to me or to anyone else.

I have carefully read and fully understand the contents of this authorization and I execute it voluntarily as my own free act and deed.

A photographic copy of this authorization shall be as valid as the original.

Full Given Name

Physical Address	City	State	Zip
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Mailing Address (if applicable)	City	State	Zip
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Signature	Date
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