

APPLICATION FOR EMPLOYMENT

CITY OF CORDELE

DEPARTMENT OF HUMAN RESOURCES

(DO NOT REMOVE ANY FORMS WITHIN)

P O BOX 569

CORDELE, GA 31015



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

FULLTIME APPLICATION

POSITION APPLYING FOR:

APPLICATION DATE:

 DEPT OF LABOR INTERNET NEWSPAPER...PAPER _____ OTHER _____ REFERRED BY WHOM _____ STAFFING AGENCY _____ T.V STATION _____

PLEASE PRINT

LAST NAME

FIRST

MIDDLE

PHYSICAL ADDRESS:

SSN:

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL)

CITY

STATE

ZIP

HOME:

PERSONAL CELL:

ANOTHER CONTACT:

ADDITIONAL CONTACT:

IF YOU ARE UNDER 18 YRS OF AGE, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

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 CITY OF CORDELE YES NO

IF YES, WHAT DEPT & DIVISION...

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY, USA, BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

ARE YOU AVAILABLE TO WORK: FULL TIME PART TIME SHIFT WORK TEMP

ARE YOU CURRENTLY ON LAY-OFF STATUS & SUBJECT TO RECALL? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHING THE LAST 10 YEARS? YES NO

IF YES, PLEASE EXPLAIN:

EDUCATION (PLEASE PRINT ALL INFORMATION)

SCHOOL NAME & ADDRESS	ELEMENTARY SCHOOL NAME /ADDR	HIGH SCHOOL NAME /ADDR	UNDERGRADUATE COLLEGE/UNIVERSITY NAME /ADDR	GRADUATE/PROFESSIONAL NAME /ADDR												
YOU MUST LIST NAME & ADDRESS OF EACH THAT AFFECTS THE APPLICANT																
CIRCLE YEARS COMPLETED	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> </u>	BACHELOR SCIENCE	MASTER SCIENCE	OTHER
LIST DIPLOMA / DEGREE RECEIVED																
LIST COURSE OF STUDY																
SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES																
HONORS YOU HAVE RECEIVED.																
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.																
LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ACTIVITIES & OFFICES HELD.																

REFERENCES

GIVE 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? YES NO

IF YES, PLEASE DESCRIBE. WHICH BRANCH & DUTY

BRANCH	DUTY(S)

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. THE PHYSICAL DEMANDS DO NOT REQUIRE ANY ANSWERS. THEY JUST LIST THE DEMANDS REQUIRED FROM YOUR BODY TO PERFORM THE JOB: YES NO

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB, INCLUDING JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES.

1. EMPLOYER:	DATE EMP'D FROM.....TO	JOB TITLE / DUTIES
ADDRESS:	HOURLY RATE START.....FINAL \$. - \$.	
CITY / STATE / ZIP		
REASON FOR LEAVING:		TELEPHONE:

2. EMPLOYER:	DATE EMP'D FROM.....TO	JOB TITLE / DUTIES
ADDRESS:	HOURLY RATE START.....FINAL \$. - \$.	
CITY / STATE / ZIP		
REASON FOR LEAVING:		TELEPHONE:

3. EMPLOYER:	DATE EMP'D FROM.....TO	JOB TITLE / DUTIES
ADDRESS:	HOURLY RATE START.....FINAL \$. - \$.	
CITY / STATE / ZIP:		
REASON FOR LEAVING:		TELEPHONE:

4. EMPLOYER:	DATE EMP'D FROM.....TO	JOB TITLE / DUTIES
ADDRESS:	HOURLY RATE START.....FINAL \$. - \$.	
CITY / STATE / ZIP:		
REASON FOR LEAVING:		TELEPHONE:

5. EMPLOYER:	DATE EMP'D FROM.....TO	JOB TITLE / DUTIES
ADDRESS:	HOURLY RATE START.....FINAL \$. - \$.	
CITY / STATE / ZIP:		
REASON FOR LEAVING:		TELEPHONE:

APPLICANT'S STATEMENT

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I 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



CRIMINAL HISTORY / LICENSE CHECK / DRIVERS LICENSE CHECK

DEPT/POSITION: _____

I HEREBY AUTHORIZE THE CITY OF CORDELE TO RECEIVE ANY CRIMINAL HISTORY AND 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 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.

PRINT FULL GIVEN NAME:

PRINT NAME AS INDICATED ON YOUR DRIVERS' LICENSE:

PRINT YOUR PHYSICAL ADDRESS:

PRINT YOUR MAILING ADDRESS OR INDICATE SAME:

PRINT CITY / STATE / ZIP:

PRINT COUNTY OF RESIDENCE:

PRINT LICENSE # CLASS EXPIRATION DATE

SOCIAL SECURITY#

(INFORMATION NEEDED AND USED FOR IDENTIFICATION PURPOSES ONLY)

*SEX

*RACE

*DATE OF BIRTH

SIGNATURE

DATE

MELINDA SPILLERS
HISTORY REQUESTED BY

- LICENSE CHECK
- CRIMINAL HISTORY

DATE: _____



PRE-EMPLOYMENT FORM

DRUG / INTOX ANALYSIS CONSENT

SAFETY SENSITIVE POSITIONS ONLY

(FOR DRIVERS OF ANY CITY VEHICLE, INCLUDING GAS, FIRE & POLICE, SCHOOL CROSSING GUARDS)

DRIVER GAS PUBLIC SAFETY CDL

DEPARTMENT/POSITION: _____

FULL GIVEN NAME	
ADDR1	
ADDR2	
CITY / STATE / ZIP	

AS AN APPLICANT FOR EMPLOYMENT WITH THE CITY OF CORDELE, I DO HEREBY CONSENT TO SUBMIT TO URINE SPECIMENS FOR PRE-EMPLOYMENT DRUG SCREEN OR INTOXIMETER TESTING FOR ALCOHOL IN ACCORDANCE WITH THE CITY OF CORDELE'S ANTI-DRUG PROGRAM.

I REALIZE THAT, AS AN APPLICANT, ANY POSITIVE RESULT NOT CAUSED BY THE PRESENCE OF LEGITIMATELY PRESCRIBED OR OVER-THE-COUNTER DRUGS WILL CAUSE MY BEING REFUSED EMPLOYMENT OR DISMISSAL IF RESULTS OF THE TEST ARE RECEIVED AFTER MY INITIAL EMPLOYMENT DATE.

I FURTHER GIVE MY PERMISSION TO CRISP REGIONAL HOSPITAL AND THE MEDICAL REVIEW OFFICER, TO RELEASE THE RESULTS OF THIS TEST TO THE CITY OF CORDELE'S AUTHORIZED PERSONNEL OF HR EITHER DIRECTOR OF HUMAN RESOURCES OR ADM. ASST., HR. I ALSO AGREE THAT IN RETURN FOR CONSIDERATION OF MY APPLICATION FOR EMPLOYMENT, I HEREBY RELEASE THE CITY OF CORDELE AND ANY OF ITS AGENTS; IT'S AUTHORIZED PERSONNEL, MEDICAL LABORATORY / MEDICAL REVIEW OFFICER FROM ANY LIABILITY IN CONNECTION WITH THIS PRE-EMPLOYMENT ANALYSIS.

PLEASE SIGN

SIGNATURE		DATE	
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REFERENCE / BACKGROUND AUTHORIZATION AND RELEASE FOR THE CITY OF CORDELE

(FOR ALL POSITIONS)

PRINT THE FOLLOWING INFORMATION:

FULL GIVEN NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

*SEX _____ *RACE _____
INFORMATION NEEDED AND USED FOR IDENTIFICATION PURPOSES ONLY

CITY/STATE/ZIP _____

I UNDERSTAND THAT IN ORDER TO PROCESS MY APPLICATION FOR EMPLOYMENT WITH THE CITY OF CORDELE, MY PREVIOUS WORK, PERSONAL REFERENCES AND EDUCATION MUST BE VERIFIED AND THAT A THOROUGH BACKGROUND CHECK WILL BE PERFORMED. I UNDERSTAND THAT THE BACKGROUND CHECK MAY DISCLOSE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

I AUTHORIZE A BACKGROUND CHECK AND HEREBY AUTHORIZE ANY COMPANY, SCHOOL OR AGENCIES WHERE I HAVE BEEN EMPLOYED OR ATTENDED, AS WELL AS NEIGHBORS, ACQUAINTANCES, AND CO-WORKERS TO GIVE ANY INFORMATION THEY MAY HAVE REGARDING MY EMPLOYMENT, EDUCATION OR CHARACTER. I HEREBY RELEASE SAID COMPANIES, SCHOOLS OR AGENCIES AND PERSONAL ACQUAINTANCES FROM ALL LIABILITY FOR ANY DAMAGES WHATSOEVER FOR ISSUING THIS INFORMATION.

I HEREBY REQUEST YOUR COOPERATION WITH THE CITY OF CORDELE, OR THEIR ACTING AGENT IN OBTAINING ANY INFORMATION AS STATED ABOVE. IT IS UNDERSTOOD THAT ALL THE INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE BY THE CITY OF CORDELE.

A PHOTOGRAPHIC COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

✓

SIGNATURE

✓

DATE

