

# Application For Employment



The City of Cordele considers applicants for all positions without regard to race, color, religion, national origin, age, disability, veterans status, or any other legally protected status.

**(PLEASE PRINT IN BLACK INK)**

Position(s) Applied For _____	Date of Application _____	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s) _____			Social Security Number _____		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

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

If yes, for which position(s)? \_\_\_\_\_ Dates \_\_\_\_\_

Have you ever been employed by The City of Cordele?  Yes  No

If yes, in which position(s)? \_\_\_\_\_ Dates \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

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

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

# Education

School Name & Address	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Circle Years Completed																	
List Diploma/Degree Received																	
List Courses 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 and offices held.**  
 You may exclude memberships which would reveal sex, race, religion, national origin, age, disability or other protected status:

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# References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If Yes, please describe \_\_\_\_\_

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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 any job-related military service assignments and volunteer activities.

1.	Employer		Date Employed		Job Title And Duties
			From	To	
	Address				
	Telephone Number(s)	Supervisor	Hourly Rate / Salary		
	Reason for Leaving		Starting	Final	
2.	Employer		Date Employed		Job Title And Duties
			From	To	
	Address				
	Telephone Number(s)	Supervisor	Hourly Rate / Salary		
	Reason for Leaving		Starting	Final	
3.	Employer		Date Employed		Job Title And Duties
			From	To	
	Address				
	Telephone Number(s)	Supervisor	Hourly Rate / Salary		
	Reason for Leaving		Starting	Final	
4.	Employer		Date Employed		Job Title And Duties
			From	To	
	Address				
	Telephone Number(s)	Supervisor	Hourly Rate / Salary		
	Reason for Leaving		Starting	Final	
5.	Employer		Date Employed		Job Title And Duties
			From	To	
	Address				
	Telephone Number(s)	Supervisor	Hourly Rate / Salary		
	Reason for Leaving		Starting	Final	

*If you need additional space, please continue on a separate sheet of paper.*

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Applicant's Statement

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.

This 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.

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 of Applicant

\_\_\_\_\_  
Date

**WE ARE AN EQUAL  
OPPORTUNITY EMPLOYER**

**THE FOLLOWING DOCUMENTATION MUST BE PROVIDED AT TIME OF APPLYING FOR ANY POSITION WITH THE CITY OF CORDELE:**

**A. All positions require:**

- A fully executed and complete Application for Employment packet. A resume alone is not acceptable.
- Education requirement - based on the job description  
This can be a copy of your high school diploma, GED or College Degree. Transcripts from schools are acceptable. However, transcript must be received by us in a sealed envelope directly from the issuing authority.
- Copy of your signed Social Security Card.
- If you have ever been in the military, a copy of your form DD 214.
- Reference Forms – A reference form is included in the application packet. Complete the top portion of the form only and return it with your application packet. We will make copies of the form and mail it to your previous employers.
- Certificates of training - not mandatory but helpful  
Copies of any training certificates that may pertain to the position you are applying for.

**B. If you are applying for Police Officer:**

- All information required above in Section “A”
- If you are a certified Police Officer, a copy of your P.O.S.T. certification.
- Training certificates pertaining to the job and/or a copy of your P.O.S.T. training history.

**C. If you are applying for Fire Fighter:**

- All information required above in Section “A”
- If you are a certified Fire Fighter, a copy of your G.S.C.F. certification.
- Training certificates pertaining to the job and/or a copy of your G.S.C.F. training history.

Documentation submitted with the application packet becomes the property of the City of Cordele and cannot be returned to you. Application packets without proper documentation shall be considered as not meeting minimum job requirements and may result in the application being disqualified from further consideration.



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

\_\_\_\_\_  
Mailing Address (if applicable)                  City                                  State                                  Zip

\_\_\_\_\_  
Driver's License Number                          Class                                  Expiration Date

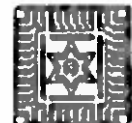
\_\_\_\_\_  
Social Security Number                                  Date of Birth

\_\_\_\_\_  
\*Sex                                  \*Race                                  *\*Information Needed and Used for Identification Purposes Only*

\_\_\_\_\_  
Signature    Date

CrimDriverHistConsent.wpd

A GEORGIA



MAIN STREET  
CITY





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

\_\_\_\_\_  
Mailing Address (if applicable)                      City                                      State                                      Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**REFERENCE FORM**

**CITY OF CORDELE  
DIRECTOR OF HUMAN RESOURCES  
P O BOX 569  
CORDELE, GA. 31010  
229-276-2904 or 229-276-2903  
FAX 229-2762955**

**APPLICANT**

NAME

MAIDEN NAME

ANY OTHER NAME USED

DATE OF BIRTH

SS#

ADDRESS

CITY/STATE

ZIP

I have applied for a position with the City of Cordele. I cannot be considered for employment until a response has been received with the information requested. Please complete the information below. It is understood that any 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

**PRIOR EMPLOYER**

Job Title or Duties

Name Used if Different

Employment Dates

**PLEASE CHECK APPROPRIATE BOX**

<b>EMPLOYEE LEVEL OF:</b>	<b>EXCEPTIONAL</b>	<b>SATISFACTORY</b>	<b>MARGINAL</b>	<b>UNSATISFACTORY</b>
<b>ATTENDANCE</b>				
<b>COOPERATION</b>				
<b>PUNCTUALITY</b>				
<b>JOB ABILITY</b>				

Eligible for rehire?    YES    NO

Hourly Rate or Annual Salary: \_\_\_\_\_

COMMENTS... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Title

Date

**REFERENCE FORM**

**CITY OF CORDELE  
DIRECTOR OF HUMAN RESOURCES  
P O BOX 569  
CORDELE, GA. 31010  
229-276-2904 or 229-276-2903  
FAX 229-2762955**

**APPLICANT**

\_\_\_\_\_  
NAME MAIDEN NAME ANY OTHER NAME USED

\_\_\_\_\_  
DATE OF BIRTH SS#

\_\_\_\_\_  
ADDRESS CITY/STATE ZIP

I have applied for a position with the City of Cordele. I cannot be considered for employment until a response has been received with the information requested. Please complete the information below. It is understood that any 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

**PRIOR EMPLOYER**

\_\_\_\_\_  
Job Title or Duties Name Used if Different Employment Dates

**PLEASE CHECK APPROPRIATE BOX**

<b>EMPLOYEE LEVEL OF:</b>	<b>EXCEPTIONAL</b>	<b>SATISFACTORY</b>	<b>MARGINAL</b>	<b>UNSATISFACTORY</b>
<b>ATTENDANCE</b>				
<b>COOPERATION</b>				
<b>PUNCTUALITY</b>				
<b>JOB ABILITY</b>				

Eligible for rehire? YES NO

Hourly Rate or Annual Salary: \_\_\_\_\_

COMMENTS...\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Title Date