

City of Hahira
102 South Church Street
Hahira, GA 31632
Phone (229) 794-2330 Fax (229) 794-9310

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT CLEARLY

Position applied for: _____ Date: _____

How did you learn about us? _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best telephone number(s) to contact you: _____

If you are under the age of 18, can you provide required proof of eligibility to work? YES NO

Have you ever filed an application with us before? YES NO When? _____

Are you currently employed? YES NO May we contact current employer? YES
NO

Are you prevented from lawfully becoming employed in this country? YES NO
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work? _____

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

Are you currently on layoff status and subject to recall? YES/NO Can you travel if the job requires it?
YES/NO

Do you have a valid driver's license? YES/NO

Have you been convicted of a felony within the past seven (7) years? YES NO

If yes, please explain: _____

A conviction will not necessarily disqualify an applicant from employment.

We are an equal opportunity employer

EDUCATION:

Did you graduate high school/GED? YES NO GED Name of : _____

Undergraduate College? YES NO Name of school: _____

Technical College? YES NO Name of school: _____

Military Training or other? (specify) _____

SPECIAL SKILLS:

Indicate any foreign languages that you read, write or speak: _____

Describe any specialized training, apprenticeship, skills, licenses, and extra-curricular activities: _____

List any special job-related skills and qualifications acquired from employment or other experience: _____

List any office skills/equipment/programs you have experience with: _____

EMPLOYMENT EXPERIENCE:

Start with your most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1-Employer: _____	Employed From: _____	To: _____
Address: _____		
Telephone: _____	Starting Pay:\$ _____	Final Pay \$ _____
Job Title: _____	Supervisor Name: _____	
Work Duties: _____		

2-Employer: _____	Employed From: _____	To: _____
Address: _____		
Telephone: _____	Starting Pay:\$ _____	Final Pay \$ _____
Job Title: _____	Supervisor Name: _____	
Work Duties: _____		

3-Employer: _____ Employed From: _____ To: _____
 Address: _____
 Telephone: _____ Starting Pay:\$ _____ Final Pay \$ _____
 Job Title: _____ Supervisor Name: _____
 Work Duties: _____

1-Employer: _____ Employed From: _____ To: _____
 Address: _____
 Telephone: _____ Starting Pay:\$ _____ Final Pay \$ _____
 Job Title: _____ Supervisor Name: _____
 Work Duties: _____

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE PIECE OF PAPER

List trade, business or civic activities and offices held. (You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.) _____

State any additional information you feel may be helpful to us in considering your application: _____

IF YOU HAVE BEEN INFORMED REGARDING THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING, answer the following question.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? YES NO

REFERENCES:

1 - Name: _____ Phone: _____

Address: _____

2 - Name: _____ Phone: _____

Address: _____

3 - Name: _____ Phone: _____

Address: _____

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date