



# Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status, or other legally protects status.

(PLEASE PRINT)

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about the position(s)?

☐ Advertisement ☐ Relative ☐ Inquiry ☐ Friend ☐ Other \_\_\_\_\_

Name (Last, First Middle): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ When? \_\_\_\_\_

Do any of your friends or relatives, other than your spouse, work for the City of Whitesburg? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Current employer contact information: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ *Proof of citizenship or immigration status will be required upon employment.*

Date available for work: \_\_\_\_\_ What is your desired salary range?

\_\_\_\_\_

Hours you are available to work:

☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evening Night)

☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on “lay-off” status and subject to recall? \_\_\_\_\_

Can you travel if a job requires it? \_\_\_\_\_

## EDUCATION

|                        | Name and location of school | Course of study | Number of years completed | Diploma/ Degree |
|------------------------|-----------------------------|-----------------|---------------------------|-----------------|
| High school            |                             |                 |                           |                 |
| Undergraduate college  |                             |                 |                           |                 |
| Graduate/ professional |                             |                 |                           |                 |
| Other (specify)        |                             |                 |                           |                 |

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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Have you served in the United States military? \_\_\_\_\_ When?: \_\_\_\_\_

Describe any job-related training received in the United State Military: \_\_\_\_\_

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

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## ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experiences.

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SPECIALIZED SKILLS (Check skills/equipment operated)

\_\_\_\_ PC/MAC    \_\_\_\_ Spreadsheets    \_\_\_\_ Typewriter (WPM \_\_\_\_ )    \_\_\_\_ Shorthand (WPM \_\_\_\_ )

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

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Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU AVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation?    \_\_\_\_ yes                      \_\_\_\_ no

## REFERENCES

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_
3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

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

1. Employer: \_\_\_\_\_ Phone number \_\_\_\_\_  
Address: \_\_\_\_\_  
Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates employed: From- \_\_\_\_\_ to- \_\_\_\_\_.  
Hourly Rate/ Salary: Starting- \_\_\_\_\_ Final- \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone number \_\_\_\_\_  
Address: \_\_\_\_\_  
Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates employed: From- \_\_\_\_\_ to- \_\_\_\_\_.  
Hourly Rate/ Salary: Starting- \_\_\_\_\_ Final- \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone number \_\_\_\_\_  
Address: \_\_\_\_\_  
Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates employed: From- \_\_\_\_\_ to- \_\_\_\_\_.  
Hourly Rate/ Salary: Starting- \_\_\_\_\_ Final- \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

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

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

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## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation o 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 not 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

Applications can be dropped off at the office Monday – Friday 8am-4:30pm,  
or emailed to [cdollar@whitesburg.ga.com](mailto:cdollar@whitesburg.ga.com)

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### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview ☐ Yes ☐ No

Remarks \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed ☐ Yes ☐ No Date of employment \_\_\_\_\_

Job title \_\_\_\_\_ Hourly rate/ salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

Name and title

Date