APPLICATION FOR EMPLOYMENT

CITY OF FORSYTH
P. O. BOX 1447
FORSYTH, GA 31029-1447
(478) 994-5649

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

Position(s) Applied For:	Date of Application

How did you learn about us?
- Advertisement
- Relative
- Inquiry
- Employment Agency
- Friend
- Other: _____

Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip Code:
Telephone Number(s): Home: Cell: Other:		**Social Security Number (Voluntary)**	

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?	YES	NO
Have you ever filed an application with us before? If yes, give date Date:	YES	NO
Have you ever been employed with us before? If yes, give date Date:	YES	NO
Do any of your friends or relatives, other than spouse, work here?	YES	NO
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? *Proof of citizenship or immigration status will be required upon employment.*	YES	NO

Date available for work:			Desired Salary:	
Are you available to work?	**FULL-TIME**	**1ST SHIFT**	**2ND SHIFT**	**3RD SHIFT**
	PART-TIME	**MORNING**	**AFTERNOON**	**EVENINGS**
	TEMPORARY	**AVAILABLE DATES**		

Are you currently on "lay-off" status and subject to recall?	YES	NO
Can you travel if a job requires it?	YES	NO
Have you been convicted of a felony within the last five years?	YES	NO

A criminal record does not constitute an automatic bar to employment only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name & Address of School	Course of Study	Number of Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

Describe any job-related training received in the United States Military.

EMPLOYMENT EXPERIENCE

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

1. Employer:		Dates Employed		Work Performed
Address:		To	From	
Telephone Numbers Office: Other:				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
2. Employer:		Dates Employed		Work Performed
Address:		To	From	
Telephone Numbers Office: Other:				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
3. Employer:		Dates Employed		Work Performed
Address:		To	From	
Telephone Numbers Office: Other:				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

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.*

Additional Information

Other Qualifications

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

Specialized Skills (Check Skills/Equipment Operated)

☐ Terminal ☐ PC/MAC ☐ Typewriter WPM___	☐ Spreadsheet ☐ Word Processing ☐ Shorthand WPM___	Production/Mobile Machinery (list)	Other (list)

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

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE RQUIREMENTS 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	Address:	Phone:
2) Name	Address:	Phone:
3) Name	Address:	Phone:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 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: _____

FOR PERSONNEL DEPARTMENT USE ONLY				
Arrange Interview			YES	NO
Remarks: Interviewer: Date:				
Employed	YES	NO	Date:	
Job Title:	Hourly Rate/Salary	Department:		
By: (NAME & TITLE)			Date:	

FOR PERSONNEL DEPARTMENT USE ONLY		
Position(s) Applied for Is Open:	YES	NO
Position(s) Considered for:	Date:	