



EMPLOYMENT APPLICATION City of
 Hawkinsville
 56 Broad Street – Hawkinsville, GA 31036
 478-892-3240
 Fax: 478-783-1699

<http://hawkinsville-pulaski.org/>

The City of Hawkinsville is an Equal Opportunity Employer
 The City of Hawkinsville is a Drug Free Employer

Office Use Only
Date Received:

Position Applying For: (An application is required for each position)

Personal Data

Name (Last) (First) (Middle)

Address: (Street) (City) (State) (Zip)

Home Telephone: Other Phone: Email Address: Date Available for Employment:

Are you at least 18 years of age? Yes No Would you accept shift or night work? Yes No

Do you have any relatives working for the City of Hawkinsville? Yes No
 If yes, List names, relationship and the department:

Have you ever been or are you now employed with the City of Hawkinsville? Yes No
 If yes, which department and dates employed:

Education

High School

Did you graduate from High School? Yes No High School Name:

If not, do you have a GED? Yes No City, State

Check Highest Grade Completed: 9 10 11 12

Specialty Courses:

College

Name and Location of College/University/Tech	Major Courses of Study	Semester/Qtr Hours Completed	Years Completed	Type of Certificate or Degree Received:

Military Service

Branch of Service: Branch of Service:

Dates Served: Dates Served:

Type of Discharge: Type of Discharge:

Employment History

Provide your employment history beginning with your present or most recent job. If you were self-employed, give firm name. Include any military or volunteer work. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers listed is necessary.

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Employment #1

Dates Employed (Mo/Yr) To	Company Name	Company Phone	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Employment #2

Dates Employed (Mo/Yr) To	Company Name	Company Phone	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Employment #3

Dates Employed (Mo/Yr) To	Company Name	Company Phone	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Employment #4

Dates Employed (Mo/Yr) To	Company Name	Company Phone	Starting Salary	Ending Salary
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Job Title	Company Address	Supervisor Name
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Duties & Responsibilities:

Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Driving History

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Issuing State?	License No.	Expiration Date
Do you have a commercial driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Issuing State?	Type?	License No.
			Expiration Date

Skills and Training

Are you able to speak any other languages besides English (If yes, please list language):

What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work for which you are applying?

Pre-Employment Drug Testing Acknowledgement

I hereby acknowledge and understand that, as part of my application for employment I must submit to a drug test. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform any job unless my drug test has a verified negative result having no evidence of prohibited drug use.

Print Name: _____

Signature: _____

Date: _____

Your application will not be considered for employment unless this acknowledgement is completed and signed.

Pre-Employment Motor Vehicle Record Authorization

I hereby acknowledge and understand that, as part of my application for employment I must submit to a Motor Vehicle Record (MVR) specified grading requirements. This MVR policy applies both to drivers of county-owned vehicles and employees using personal vehicles in the course of their employment as well. Employee MVR's will be examined prior to the date of employment and every three (3) years thereafter. Any job offer made where the job requires a valid driver's license will be contingent upon a MVR meeting the required standards.

Print Name: _____

Signature: _____

Date: _____

Your application will not be considered for employment unless this acknowledgement is completed and signed.

General Information

Can you submit legal verification of your right to work in the United States? (In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of or pleaded guilty or nolo to a felony or misdemeanor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, when:	Where:
For What:	

Applicant's Statement

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this is not a contract of employment. I further understand that should employment be offered, my employment and compensation may be terminated with or without cause at any time by either the City or myself. I understand that submission of the application in no way assures me a position and that no City representative has the authority to enter into any employment agreement with me contrary to the foregoing.

Employment with the City of Hawkinsville is contingent upon successfully passing a drug screening that is provided at no cost to the applicant/employee.

I understand that failure to submit a complete application may disqualify me from consideration for a position.

I understand that any untrue statement in the application may result in my dismissal at any time during my employment with the City of Hawkinsville.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to the application and the employment procedures of the City of Hawkinsville. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand that resumes, letters of references, certificates, etc., submitted with the application become the property of the City of Hawkinsville and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

I understand that disclosure of my Social Security number on this application for employment is voluntary, that this information is solicited pursuant to the employer's policies, and that it is intended to be used for the purposes of identification and tracking by the employer in employment transactions.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant's Signature: _____ **Date:** _____

The City of Hawkinsville Government does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.