

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 any other legally protected status.

[PLEASE PRINT]

Positions Applied For _____	Date of Application _____	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			

Address	Number	Street	City	State	Zip Code
_____			_____		
Telephone Number(s)			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?..... Yes No

..... If yes, give date _____

Have you ever been employed with us before? Yes No

..... If yes, give date _____

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

References

1. _____ (Name) () _____ (Phone #)
_____ (Address)

2. _____ (Name) () _____ (Phone #)
_____ (Address)

3. _____ (Name) () _____ (Phone #)
_____ (Address)

Education

	Name & Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				

Employment Experience

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

1. Employer		Dates Employed	Work Performed
Address		From To	
Telephone Number(s)			
Job Title	Supervisor	Hourly Rate/Salary Starting Final	
Reason for Leaving			
2. Employer		Dates Employed	Work Performed
Address		From To	
Telephone Number(s)			
Job Title	Supervisor	Hourly Rate/Salary Starting Final	
Reason for Leaving			

Applicant's Statement

I certify that the 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 documentation 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 regulation of the employer.

Signature of Applicant

Date

Background Check: Authorization and Release of Records

City of Bainbridge

The position I am applying for requires a criminal background check.

I understand that I will be working with children and that a criminal background check is a requirement of the position for which I am being considered. I understand that the City of Bainbridge will use this information for employment purposes only and not furnish this information to a third party without written consent.

Signature

Date

Full Name Printed

Date of Birth

Address

Social Security Number

City, State, Zip Code

Sex

Race

Georgia Drivers' License Number

Expiration Date

Notary

Date

Note:

The City of Bainbridge HR Department and/or the Bainbridge and Decatur County law enforcement personnel who process such reports will be the only ones to view criminal history records. This information will be kept confidential

Please submit completed applications to Tammy White at City Hall, 101 South Broad Street, Bainbridge, Georgia. You may also fill out the application and email it to tammyw@bainbridgecity.com or fax it, ATTN: Tammy White, to (229) 246-7311. The **Background Check: Authorization and Release of Records** form must be signed in the presence of a Notary Public before it can be accepted.