



EMPLOYMENT APPLICATION

| APPLICANT INFORMATION | | | |
|---|------------------------------|-----------------------------|---|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Social Security No. | Desired Salary | |
| Position Applied for | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |

| EDUCATION | | | |
|-------------|----|--|--------|
| High School | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES | |
|---|---------------|
| <i>Please list three professional references.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

Are you able to perform the job duties listed for the position you are applying for without an accommodation?

___Yes ___No

If No, What accommodation is needed?

If this position requires a valid Drives' License, do you have a valid driver's license?

___No ___Yes License # _____ Type _____ State _____

Have you had any traffic violation in the past 3 years? ___No ___Yes

Please indicate type of offense and dates _____

| PREVIOUS EMPLOYMENT | | | |
|---|--------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

APPLICANT'S CERTIFICATION AND AGREEMENT

AUTHORIZATION TO RELEASE INFORMATION

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omission of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information that might have, personal or otherwise, with regard to any of the subject covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the City of Varnell. I agree to conform to the policies, rules and regulations of the government set forth in the City of Varnell's Personnel System, employee handbook polices and ordinance: and acknowledge that these policies, rules and regulation may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I am employed by the employer, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary regular employee.

If require by the City of Varnell Government for this position I am applying. I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

This application will remain active for ninety (90) days only unless renewed personally by me in writing

Before an application can be selected for employment with the City of Varnell government he/she must submit to a drug test. Should you be offered a job with the City of Varnell, your position may require random drug testing.

May we contact your present employer? ____ NO ____ YES

You must sign and "Authorization to Release Information" form to enable us to contact prior employers, event though we may not contact your present employer

Date _____ Signature: _____

Alcohol and Controlled Substance Testing

As a condition of employment by the City of Varnell, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees, must report any condition under a criminal drug statue for such violations. A report of the conviction must be made within five (5) days after the conviction. (this requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the Cit of Varnell, you must successfully pass the screening test.

By signing this form, you are acknowledging that you consent to such an examination and screening test.

Date _____ Signature: _____

Authorization to release information on driving history

I hereby authorize the City of Varnell Personnel Department or other authorized representative of the City of Varnell bearing this release or copy thereof, within twelve (12) months of its date, to obtain any information in my files pertaining to my driving record. This release is executed with full knowledge and understanding that the information is for official use of the City of Varnell Personnel Department. Consent is granted for the City of Varnell to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. Should there be any questions as to validity of this release, you may contact me as indicated below.

I hereby authorize my previous employers to proved the Cit of Varnell and its agents any and all information that they may request. I hereby release my former employers from liability fro providing such information.:

FULL NAME: _____

DRIVER'S LICENSE NUMBER: _____ STATE _____

EXPRIATION DATE: _____ DATE OF BIRTH : _____

SIGNITURE: _____

NOTARY PUBLIC: _____

NOTARLY EXPIRATION: _____

CITY OF VARNELL
EMPLOYEE HIRE OR CHANGE OF STATUS SHEET

This sheet is to be given to the Personnel Department when a new employee is hired or any time there is a status change.

DATE: _____

CHECK ONE: _____ NEW HIRE _____ CHANGE OF STATUS

EFFECTIVE DATE OF CHANGE:

EMPLOYEE NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SOCIAL SECURITY NUMBER: _____

JOB CLASSIFICATION/TITLE: _____

HIRE DATE: _____

SALARY: _____

PAY GRADE: _____ ACCOUNT #: _____

DEPARTMENT

APPROVED BY

NOTES:

FOR OFFICIAL USE ONLY

