



**CITY OF GAINESVILLE**  
 Equal Opportunity Employer  
**EMPLOYMENT APPLICATION**

SPECIFY JOB(S) APPLYING FOR	
Job Title	Job Code
(1)	
(2)	

HUMAN RESOURCES AND RISK MANAGEMENT DEPARTMENT • TEL: 770-535-6887 FAX: 770-531-2679  
 PHYSICAL ADDRESS: 311 HENRY WARD WAY, GAINESVILLE, GA 30501 • MAILING ADDRESS: P.O. BOX 2496, GAINESVILLE, GA 30503

Application Received By:  In Person  Mail  Fax  E-Mail      Date Application Received by HR: \_\_\_\_\_

Please complete all sections. Only complete applications will be considered. If not applicable, please write "N/A".

PERSONAL/GENERAL INFORMATION			
Name (Last, First, Middle)		Address (Street, City, State, Zip)	
Phone Number 1	Phone Number 2	Email Address	
Current City Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Former City Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If current or former employee, complete section on right)	Job Title and Department		Dates of Employment
How did you learn of this position? <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> TV18 <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (Please specify):			
Are any members of your household or relatives (by blood or marriage as close as first cousins) employed by the City of Gainesville? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify name and relationship):			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, what steps must be taken for you to begin employment lawfully?):			
Have you ever been convicted of a crime, or pled guilty or nolo contendere to any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Answering "yes" to this question does not constitute an automatic bar to employment. An individualized assessment will be conducted to determine if the criminal record impacts the applicant's employment opportunity. (Do not include minor traffic infractions, juvenile convictions unless charged and convicted as an adult, convictions for which the record has been sealed or expunged, or referrals to and participation in any pretrial or post trial diversion programs in answering this question.) If you answered yes to this question, please complete the following:			
Conviction Type (Felony/Misdemeanor)	Offense	Date	Location (City, State)

DRIVING INFORMATION				
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete this section)	License No.	State	Class	Expiration Date
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain):				
Have you ever been convicted, pled guilty, or pled nolo contendere to a charge of DWI or DUI? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain):				
Are any DWI or DUI charges currently pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain):				

EDUCATIONAL HISTORY	
High School Diploma <input type="checkbox"/> GED <input type="checkbox"/>	If you did not complete high school, what is the last grade you completed? 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/>
School Name and Location (City, State):	
College/University <input type="checkbox"/>	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify degree, major, and minor, if any):
School Name and Location (City, State):	
If you did not graduate, what is the last year you completed?	
Technical School <input type="checkbox"/>	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify program):
School Name and Location (City, State):	

Other School <input type="checkbox"/>	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify program):
School Name and Location (City, State):	

Other School <input type="checkbox"/>	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify program):
School Name and Location (City, State):	

I acknowledge should I receive a job offer, I will be required to submit proof of education history (if required by the job). \_\_\_\_\_ initials

### EMPLOYMENT HISTORY

Describe your work history for the past 10 years, including military if applicable. List the names of your present or previous employers in chronological order with present or most recent employer listed first. Failure to provide complete information regarding each job held may result in your disqualification. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Name of Employer	Address (Street, City, State)	Phone Number
Dates of Employment	Job Title	
Supervisor's Name	Description of Duties	
Reason for Leaving		

Name of Employer	Address (Street, City, State)	Phone Number
Dates of Employment	Job Title	
Supervisor's Name	Description of Duties	
Reason for Leaving		

Name of Employer	Address (Street, City, State)	Phone Number
Dates of Employment	Job Title	
Supervisor's Name	Description of Duties	
Reason for Leaving		

Name of Employer	Address (Street, City, State)	Phone Number
Dates of Employment	Job Title	
Supervisor's Name	Description of Duties	
Reason for Leaving		

Please explain any gaps in your employment history. Be sure to account for all periods of time including military service and any periods of unemployment.

Have you ever been terminated or asked to resign from any job?  Yes  No (If yes, please explain circumstances):

May we contact your current employer?  Yes  No (If no, please explain):

**RELEVANT EXPERIENCE**

List any professional designations, certifications, licenses, courses, or special skills that may be applicable to the job for which you are applying:

Please describe any other experience (to include military) that you have which would be relevant to the job for which you are applying:

**REFERENCES**

List four (4) references we may contact (not relatives) who have knowledge of your character and qualifications. Please include at least two (2) most recent or current supervisors.

1.	Name	Phone Number	City & State	Occupation	Type of Reference Work <input type="checkbox"/> Personal <input type="checkbox"/>
2.	Name	Phone Number	City & State	Occupation	Type of Reference Work <input type="checkbox"/> Personal <input type="checkbox"/>
3.	Name	Phone Number	City & State	Occupation	Type of Reference Work <input type="checkbox"/> Personal <input type="checkbox"/>
4.	Name	Phone Number	City & State	Occupation	Type of Reference Work <input type="checkbox"/> Personal <input type="checkbox"/>

**APPLICANT'S CERTIFICATION AND AUTHORIZATION (Please read and insert your initials next to each of the following statements.)**

\_\_\_\_\_ I understand that the City of Gainesville is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, gender, religion, disability, military service, or any other category protected by federal, state, or local law.

\_\_\_\_\_ I authorize former and present employers, and professional, work, and personal references listed on my application and any other individuals I may name to provide the City of Gainesville or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the City of Gainesville. I also authorize the City of Gainesville to provide truthful information concerning my employment with it to future employers, and I agree to hold it harmless for providing such information.

\_\_\_\_\_ I understand that if I am offered a position, I may be required to submit to a pre-employment physical and drug screen. I also understand that the City of Gainesville will conduct an extensive background check including but not limited to some or all of the following: contacting past employers, schools attended, criminal history, motor vehicle record, and credit check.

\_\_\_\_\_ I understand that this employment application and any other City of Gainesville documents are not promises of employment. Should I be employed, I understand that my employment will be on an at-will basis. I further understand that if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice and that the City of Gainesville has a similar right.

\_\_\_\_\_ I certify that the information I have provided on this application is true and correct to the best of my knowledge and belief and that I have not knowingly withheld any fact that would affect my application. Any misrepresentation, falsification or concealment of any fact shall be sufficient reason for refusal of employment or immediate discharge at any time during my employment that such false or misleading statement or concealment of any fact becomes known.

\_\_\_\_\_ This application will be considered "active" for a maximum of ninety (90) days. I understand that if I wish to be considered for employment after that time, I must reapply.

I have read and understand the above statements.

By checking this box and affixing your name below, you are signing this Employment Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on the Application.

Name: \_\_\_\_\_

Date: \_\_\_\_\_