

NOT FOR POLICE OFFICERS/FIREFIIGHTERS



**CITY OF GAINESVILLE
EMPLOYMENT APPLICATION**



HUMAN RESOURCES DEPARTMENT

Physical Address: 311 Henry Ward Way, Gainesville, GA 30501
Mailing Address: P. O. Box 2496, Gainesville, GA 30503
Telephone: (770) 535-6887 / Fax: (770) 531-2679

Date Applied _____

Active for 90 days from date of application

NOTE: All areas must be answered fully in order to be considered for employment. Please ask for assistance if any portion of application is unclear. All candidates will be required to pass a pre-employment drug test.

LAST NAME		FIRST	MIDDLE	STREET ADDRESS		CITY	STATE	ZIP
PHONE NO.	CELL NO. (OPTIONAL)		SOCIAL SECURITY NO.		E-MAIL ADDRESS (IF AVAILABLE)		YRS AT ABOVE ADDRESS:	
(1) NAME OF JOB APPLYING FOR:			(1) JOB CODE:	(2) NAME OF JOB APPLYING FOR:			(2) JOB CODE:	
ARE YOU AVAILABLE TO WORK ANY TIME OF THE DAY				<input type="checkbox"/> YES <input type="checkbox"/> NO		TYPING TEST REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE: _____
ARE YOU AVAILABLE TO WORK ANY DAY OF THE WEEK				<input type="checkbox"/> YES <input type="checkbox"/> NO		GRADE: _____		KEYSTROKE: _____ WPM: _____
FORMER CITY/COUNTY EMPLOYEE		DEPARTMENT/DIVISION		JOB TITLE & DUTIES		FROM	TO	
<input type="checkbox"/> YES <input type="checkbox"/> NO								
HOW DID YOU LEARN OF THIS AVAILABLE POSITION? PLEASE CHECK:				<input type="checkbox"/> WALK-IN		<input type="checkbox"/> TV 18		<input type="checkbox"/> OTHER
				<input type="checkbox"/> NEWSPAPER		<input type="checkbox"/> INTERNET		<input type="checkbox"/> EXPLAIN: _____
RELATIVES WORKING FOR THE HALL COUNTY GOVERNMENT/CITY OF GAINESVILLE – NAMES AND RELATIONSHIP (Past or Present)								
ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO								
LIST LICENSES / CERTIFICATES RELATED TO POSITION APPLIED FOR: _____								
HAVE YOU EVER BEEN CONVICTED FOR VIOLATING ANY LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO (EXCLUDING MINOR TRAFFIC VIOLATIONS)								
A YES WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. IF YES, PLEASE EXPLAIN:								
MUST POSSESS A VALID DRIVER'S LICENSE. PLEASE COMPLETE THE FOLLOWING:								
POSSESS A VALID DRIVER'S LICENSE		GOOD DRIVING RECORD		DRIVER'S LICENSE NO.		DRIVER'S LICENSE CLASS/ENDORSEMENTS		
YES _____ NO _____		YES _____ NO _____						

U.S. MILITARY HISTORY

BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE	HIGHEST RANK ATTAINED AND UNIT
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INDICATE SPECIFIC SKILLS ACQUIRED IN THE U.S. ARMED FORCES

EDUCATIONAL HISTORY

	SCHOOL NAME AND LOCATION	FROM	TO	LAST GRADE COMPLETED	DIPLOMA DEGREE	COURSE OF STUDY
HIGH SCHOOL						
TRADE (OR APPRENTICE) SCHOOL						
COLLEGE OR BUSINESS SCHOOL						
OTHER						

* The City of Gainesville is an equal opportunity employer and provides fair and equal employment opportunities to all applicants for employment and employees without regard to race, color, religion, natural origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

PLEASE COMPLETE BOTH PAGES AND ANSWER ALL QUESTIONS
ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED

USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES I.E. APPRENTICESHIPS, TOOLS, CERTIFICATIONS, EXPERIENCE, ETC.

NOTE: City of Gainesville will conduct an extensive background check including contacting past employers, schools attended, criminal history, and possibly a credit history. Please note any employers you do not want contacted.

EMPLOYMENT HISTORY (PLEASE COVER EMPLOYMENT HISTORY FOR PAST TEN YEARS, INCLUDING MILITARY IF APPLICABLE). USE ATTACHMENT IF NECESSARY.				
(1) NAME OF EMPLOYER (2) ADDRESS OF EMPLOYER (3) PHONE NUMBER	FROM MO./YR.	TO MO./YR.	JOB TITLE AND DUTIES	REASON FOR LEAVING SUPERVISOR'S NAME
name ----- address ----- phone ()	<u>Starting Wage</u>	<u>Ending Wage</u>		
name ----- address ----- phone ()	<u>From (MO/YR)</u> <u>Starting Wage</u>	<u>To (MO/YR)</u> <u>Ending Wage</u>		
name ----- address ----- phone ()	<u>From (MO/YR)</u> <u>Starting Wage</u>	<u>To (MO/YR)</u> <u>Ending Wage</u>		
name ----- address ----- phone ()	<u>From (MO/YR)</u> <u>Starting Wage</u>	<u>To (MO/YR)</u> <u>Ending Wage</u>		

PLEASE COMPLETE ALL AREAS ABOVE, WHETHER OR NOT A RESUME IS ATTACHED.

REFERENCES WE MAY CONTACT (INCLUDE AT LEAST TWO MOST RECENT OR CURRENT SUPERVISORS)

NAME	NAME
ADDRESS	ADDRESS
OCCUPATION PHONE	OCCUPATION PHONE
NAME	NAME
ADDRESS	ADDRESS
OCCUPATION PHONE	OCCUPATION PHONE

PLEASE READ THIS IMPORTANT INFORMATION BELOW. ASK FOR CLARIFICATION IF NEEDED.

The undersigned has applied for employment with the City of Gainesville and hereby authorizes the City of Gainesville to contact my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the City of Gainesville. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information. I understand the City of Gainesville has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable City policy.

I understand that once offered a position I will be required to complete a medical evaluation and drug screening.

I understand that once offered a position I may be required to pass a physical examination as a condition of continued employment.

I certify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief true and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed.

I AGREE THAT IF HIRED, THE CITY OF GAINESVILLE OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO CITY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY CITY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL EMPLOYMENT RELATIONSHIP.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:

SIGNATURE _____

DATE _____