

FOR OFFICE USE ONLY
APPLICANT'S NAME:

JOB PREFERENCE (S)

Date received: _____

*CITY OF FORT OGLETHORPE
 500 CITY HALL DRIVE
 FORT OGLETHORPE, GA 30742*

FOR OFFICE USE ONLY
**POSITIONS OR JOB TITLES
 APPLIED FOR:**

GENERAL APPLICATION FOR EMPLOYMENT

Read this section before completing the application

The City of Fort Oglethorpe is firmly committed to a policy of Equal Employment Opportunity and does not discriminate against applicants because of race, color, religion, age, national origin, sex or disability.

The City of Fort Oglethorpe maintains a Drug Free Workplace and applicants are subject to a pre-hire drug screen and will be subject to random drug and alcohol testing as required under the City Substance Abuse Policy. Any offer of employment is conditional pending a negative drug test.

I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED ACTIVE FOR JOB VACANCIES WHICH OCCUR ONLY DURING THE NEXT (60) DAYS. IF I WISH TO BE CONSIDERED FOR JOB VACANCIES OCCURRING AFTER THAT PERIOD OF TIME, I MUST RENEW MY APPLICATION.

ALL INFORMATION SUBMITTED MAY BE SUBJECT TO PUBLIC REVIEW UNDER THE GEORGIA OPEN RECORDS ACT.

I UNDERSTAND THE INFORMATION LISTED ON THIS PAGE.

Date: _____

 Applicant's Usual Signature

Note: Georgia Smoke Free Air Act 2005: Smoking shall be prohibited in all enclosed public places in the state except as permitted in Code Section 31-12A-6.

NOTICE:

YOUR ANSWERS MUST BE TYPEWRITTEN OR CLEARLY PRINTED IN INK. EACH QUESTION MUST BE ANSWERED. If a question does not apply to you, place the letters NA directly behind the question number. If additional space is needed to permit a complete answer, we will provide you with a continuation form on which to complete the answer.

LIST THE JOB TITLE(S) OR VACANT POSITION(S) YOU ARE APPLYING FOR: SALARY DESIRED

1. Your Name in Full _____
Last First (Given) Middle

2. E-mail address (if available) _____

3. Your Present Home Address _____
Street and Number Apartment Number

City State Zip Code

4. Telephone Number (____)_____. If you do not have a telephone, is there a number where we may leave a message? _____

5. (a) Are you over 18 years of age? _____ (b) If hired can you furnish proof of age? _____

6. Person to Notify in Case of Emergency _____
Name

Address City, State, Zip Code Telephone Number

7. Name of any relative(s) currently employed by the City of Fort Oglethorpe.

8. Driver's License Number _____ Class _____ State _____

9. List ALL of your residences for the past ten (10) years, beginning with the most recent and including college and/or military residences.

Dates: From	To:	Street Address/Apartment No.	City	State/Zip Code
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				

10. EDUCATION: COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.

NAME OF SCHOOL	CITY/STATE	NUMBERS OF YEARS ATTENDED	MAJOR/MINOR	DEGREES OR DIPLOMAS RECEIVED

11. EMPLOYMENT: List ALL your employments, including summer and part-time for the past ten (10) years. COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.

Name and Address of Employer	Date From	Date To	Salary	Kind of Work	Name of Supervisor	Reason for Leaving
(a) Name						
Address (Mail/Street)						
(b) Name						
Address (Mail/Street)						
(c) Name						
Address (Mail/Street)						
(d) Name						
Address (Mail/Street)						

12. May we contact your present employer? Yes No

13. Have you ever been dismissed or asked to resign from any employment or position you have held? Yes No

Employer's Name _____ Date _____

Reason _____

14. PERSONAL REFERENCES

NAME	ADDRESS	BUSINESS	YEARS KNOWN

15. **MILITARY RECORD**

- a. Have you ever served on active duty in the armed forces of the United States? _____
- b. Branch _____
- c. Are you now a member of the active reserves or National Guard? _____
- d. Service Branch and Status _____

16. List any additional employment, job-related skills, abilities, training or experiences that might qualify you for a position. Use continuation sheet, if necessary. **COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

17. Specialized Skills: Check Skills / Equipment Operated

- CRT Fax Production / Mobile Machinery (list) Other (list)
- PC Spreadsheet _____ _____
- Calculator PBX System _____ _____
- Typewriter Word Processing _____ _____
- Est. wpm _____ _____ _____

18. Please list three supervisor references, if possible

Name	Location	Title	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. If under 18 years of age, list name and address of parent and/or guardian.

I understand that all appointments are probationary for a period of one (1) year, during which time I must demonstrate my fitness for continued employment. I am further aware that willfully withholding information or making false statements on this application will be a basis for denial of a position prior to employment, and should such willful withholding or false statement become evident after appointment, such evidence will constitute sufficient grounds for dismissal from service with the City of Fort Oglethorpe. I further understand that if I am selected for employment with the City of Fort Oglethorpe that I must comply with the provisions of the immigration Reform and Control Act of 1986 by providing documentary proof of identity and employment authorization prior to commencement of work. I fully understand and agree to these conditions. I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I authorize the City of Fort Oglethorpe to investigate my previous work performance and to confirm any knowledge, skills and abilities required to qualify me for the position(s) I have indicated on this application.

If this application is considered favorably, on what date will you be available to work? _____

Date _____

Applicant's Usual Signature _____

CONSENT FORM

I hereby authorize the City of Fort Oglethorpe to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. This record check will be for employment consideration.

Full Name _____

Street Address _____

City, State, Zip Code _____

Date of Birth _____ Social Security Number _____

Signature: _____

Date: _____

*******Please have your signature notarized*******

Notary _____ Date _____

My Commission expires _____

SEAL

PERSONNEL
500 City Hall Drive
Fort Oglethorpe, GA 30742
706-866-2544

Authorization to Release Information on Driving History

I hereby authorize the City of Fort Oglethorpe Personnel Department or other authorized representative of the City of Fort Oglethorpe bearing this release or copy thereof, 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 Fort Oglethorpe Personnel Department.

Consent is granted for the City of Fort Oglethorpe to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. This form shall be valid over the course of my employment or volunteer services while authorized to drive city owned vehicles owned by the City of Fort Oglethorpe.

Full Name _____
(Please print)

Driver's License Number _____ State of Issue _____

Expiration Date _____

Full Name/Signature _____

NOTARY _____

NOTARY SEAL

MY COMMISSION EXPIRES _____