

APPLICATION FOR EMPLOYMENT CITY OF JASPER GOVERNMENT 200 Burnt Mountain Road Jasper, GA 30143 (706)692-9100

Please Type or Print, Use Black Ink

Date Received by	Office:
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	P P	'ERSONAL II	NFORMATION				
Name:	::			SS# (last four digits only)			
× ×	, , , , , , , , , , , , , , , , , , ,		(Middle)				
Present Ad	dress:(Number) (Street)		(City)	(State)	(Zip)		
Home Phor	ne: Email Addres	ss:		Cell/Business Telephone	2:		
Position applied for (please submit a separate application for each Yes No					, holidays, etc)?		
position):	Title:		Are there any hours you can	nnot work?			
Date availa	ble for employment:		What type of employment are you seeking?				
Dute availa			Part Time	Full Time	Temporary		
		EDUC	ATION				
Are you a h	nigh school graduate? Yes No If yes, p	lease list below:					
If not a hig	h school graduate, do you have a GED? Yes	s No					
School	Name and Location	Maj	or Course of Study	Completed	Type of Degree		
High School				9 10 11 12			
Business/				1 2 3 4			
Technical College				1 2 3 4			
<u> </u>							
Graduate School				1 2 3 4			
			FORMATION				
Have you e	ever been employed with the City of Jasper?	If yes, when?		Department/Office:			
Are you related by blood or marriage to anyone currently employed by the City of Jasper? Yes No			ne:	Relationship:	Department:		
How did you learn of this opening?			Can you submit legal verification of your right to work in the United States:				
			Yes No				
	nce with the Immigration Reform and Control Ac establish such proof will prohibit or discontinue en		of authorization to be em	ployed will be required of	f all prospective employees.		
Have you ever been convicted and/or plead nolo contendere and/or plead guilty for felony or misdemeanor violation of Federal, State, County or Municipal law, regulation or ordinance other than misdemeanor traffic violations. Failure to list convictions may result in later dismissal. Yes No If you answered yes, provide type of conviction, date of conviction and State.							
Note: A c	conviction record will not be a barrier to emplo	yment unless i	the conviction is directly	v related to the position.			
Have you e	ever been a defendant in a lawsuit for an intentional to	rt?	Yes	No			
What was the disposition of that lawsuit?							

Describe your work history beginnin history. Failure to give complete in numbers for all employers are necess A resume may be attached only as	formation regarding each job ary.	held may result in you	ir disqualification	on. Complete address	ease explain any gaps in work ses with zip codes and phone
From – Month/Year To – Month/Year	Employer			Telephone (Include Area Code)
Job Title	Address (Include Numbe	r, Street, City, State, an	d Zip Code)		
Immediate Supervisor and Title	Summarize the Nature of Work Performed and Job Responsibilities				
Reason For Leaving	Salary/Pay	Start - S	ner	Final - S	per
May we contact your cu	Irrent employer?	Yes	per	<u>No</u>	per
From – Month/Year To – Month/Year	Employer			Telephone (Include Area Code)
Job Title	Address (Include Numbe	r, Street, City, State, an	d Zip Code)		
Immediate Supervisor and Title	Summarize the Nature of	Work Performed and J	ob Responsibili	ities	
Reason For Leaving	Salary/Pay	Start - \$	per	Final - \$	per
			1		
From – Month/Year To – Month/Year	Employer			Telephone (Include Area Code)
Job Title	Address (Include Numbe	r, Street, City, State, an	d Zip Code)		
Immediate Supervisor and Title	Summarize the Nature of	Work Performed and J	ob Responsibili	ities	
Reason For Leaving	Salary/Pay	Start - \$	per	Final - \$	per
			1		
From – Month/Year To – Month/Year	Employer			Telephone (Include Area Code)
Job Title	Address (Include Numbe	r, Street, City, State, an	d Zip Code)		
Immediate Supervisor and Title	Summarize the Nature of	Work Performed and J	ob Responsibili	ities	
Reason For Leaving	Salary/Pay	Start \$	ner	Final \$	per
		Start - \$	per	rinai - \$	per
From – Month/Year To – Month/Year	Employer			Telephone (Include Area Code)
Job Title	Address (Include Numbe	r, Street, City, State, an	d Zip Code)		
Immediate Supervisor and Title	Summarize the Nature of	Work Performed and J	ob Responsibili	ities	
Reason For Leaving	Salary/Pay	Start - \$	per	Final - \$	per

REFERENCES List below the names and addresses of three (3) persons (not relatives or former employers) who have knowledge of your character and qualifications.								
Name		Name			Name			
Street Address		Street Address			Street Address			
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code
Telephone	e (Include Ar	ea Code)	Telephone (Include Area Code)			Telephone (Include Area Code)		
			DR	IVING HISTO	RV			
Please c	omplete th	is section if applying f				equipment.		
Do you h	ave a valid d	lriver's license?		Which sta	ate?			
Have you	incurred any	traffic charges within the la	st three (3) years? Do	not include parki	ng tickets. Yes	No		
If yes, giv	e dates and t	ype of charges.						
City of Ja	I hereby direct the Department of Public Safety of Georgia, or any other authorized agency to whom this authorization may be presented, to release the City of Jasper an abstract of my driving record for the past three-year period to be reviewed by the City of Jasper for the use in processing my employment application and determining my suitability for various job assignments.							
Signature								
SKILLS AND TRAINING								
Please complete this section when applying for a position that requires the following skills:								
Microsof	Microsoft Office Knowledge Level: Basic Working Proficient Calculator: Yes No Keying Speed:							
Additiona	Additional computer or software skills you possess:							
Do you speak or read any language(s) other than English? Yes No								
If yes, wl	hich langua	ge(s)				-		
Are you able to perform all duties listed in job description?YesNoIf you answered NO to the above, please explain what can be done to provide you with reasonable accommodation.								
What skills, qualifications, training or certifications have you gained from former employers or other experiences which relate to the type of work for which you are applying?								
							<u> </u>	

	PUBLIC SAFETY				
Please answer when applying for a public safety position:					
Police Officer					
Are you a citizen of the United States of America?	Yes No				
Have you reached your 21 st birthday?	Yes No				
	ADDI ICANIT'S STATEMENI	P			
L certify that the information given in this applica	APPLICANT'S STATEMEN	Nowledge. I understand that this application is not a contract of			
employment. I further understand that should empl	oyment be offered, my employment and compe- ion of this application in no way assures me a p	ensation may be terminated with or without cause at any time by position and that no city representative has the authority to enter			
I understand that if employed to a City position, mi	srepresentation or omission on this application	shall be considered cause for dismissal.			
I authorize the release of high school and/or college transcripts, information concerning my previous employment, and any information my former employers may have pertinent to this application and the employment procedures of the City of Jasper. I give the employer the right to contact and obtain information from all references, employers, and educational institutions to verify the accuracy of the information contained in this application. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining, or releasing any information about me. Either a photographic or photo static copy of this authorization shall be as valid as the original.					
I understand resumes, letters of reference, etc., subr have provided on the application is subject to public		the City of Jasper and cannot be returned. The information I ct.			
I understand that the use of narcotics and alcohol is strictly prohibited at the City and that anyone who transports or allows to be transported any narcotic or non- prescribed drugs may result in immediate discharge. I understand that if the City has a reasonable suspicion to believe that I am under the influence of an alcoholic beverage or narcotics and/or non-prescription drugs or if I am involved in an accident that I may be required to take a physical examination and/or drug screen (blood, hair or urinalysis) to be performed by a duly licensed medical doctor or facility. I also understand and agree that refusal to take such a test may result in immediate termination of my employment.					
In event of my employment to a position with the C	City of Jasper, I will comply with all policies an	d procedures or rules and regulations as set forth by the City.			
By signing this application, I hereby acknowledge t	hat I understand and agree to all provisions out	lined herein.			
Signature	Date				
The City of Jasper is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. HIRING DEPARTMENT MUST COMPLETE PRIOR TO RETURNING TO HR Department Received Application:					
Print Name	Signature	Date			
Department Reviewed Application:					
Print Name	Signature	Date			
Application Returned to HR:	~				
Print Name	Signature	Date			