

Date: _____

POSITION APPLYING FOR:

CITY OF GRIFFIN

P. O. BOX T
GRIFFIN, GA 30224

TELEPHONE (770) 229-6400
FAX (770) 229-6619

The City of Griffin is an Equal Opportunity Employer.

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Last Name First Middle Maiden

Address: Street Apt.# City State Zip

Telephone: Business Residence Cell

Are you related to anyone working with the city? _____

Name: _____

Are you 18 years or older? _____ Are you eligible to work in the United States either because you are a U.S. citizen or have U.S. government persuasion to do so? NO YES

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Have you ever worked for THE CITY OF GRIFFIN before? NO YES

If so, when and where? _____

Are you able to perform the job duties listed for the position you are applying for (with or without) an accommodation?
NO YES

If an accommodation is needed, how would you perform the job duties, and with what accommodation(s)?

If this position requires a valid Driver's License, do you have a valid driver's license?
NO YES Type _____ State _____

WORK HISTORY

Describe your work history beginning with your current or most recent job. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completion of this section.

Have you ever been disciplined or fired? NO YES If yes, why? _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:

From _____ To _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe your duties: _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:

From _____ To _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe your duties: _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:

From _____ To _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe your duties: _____

EDUCATION

Circle Highest Grade Completed:

High School

5 6 7 8 9 10 11 12

Name _____

Address _____
City _____ State _____

Graduated? YES NO

GED/USAFI

GED _____ USAFI _____

Place where Test was Administered _____

Equivalency Diploma or Certificate Awarded? NO YES

Name/Address of State Authority Issuing Diploma _____

If the position for which you are applying requires a college degree, or if you wish to volunteer any secondary educational information, please complete the following:

Name of college: _____ Address: _____

Graduated? NO YES

Give highest degree received: _____

What special vocational or business courses have you taken _____

Special honors: _____

Please use this space for additional information related to your education, training and experience.

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? NO YES If yes, what branch? _____

Dates of duty: _____ to _____ Rank: _____

Applicable skills acquired: _____

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

**APPLICANT'S CERTIFICATION AND AGREEMENT
AUTHORIZATION TO RELEASE INFORMATION**

CONDITIONS OF EMPLOYMENT

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions 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 they might have, personal or otherwise, with regard to any of the subjects 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 Griffin, I agree to conform to the policies, rules and regulations of the government as set forth in the City of Griffin Personnel System, employee handbook, policies and ordinances; and acknowledge that these policies, rules and regulations 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.

If required by City of Griffin for the 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 three (3) months only.

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

May we contact your present employer? NO YES

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

Date: _____ Signature: _____

ALCOHOL AND CONTROL SUBSTANCE TESTING

As a condition of employment by the City of Griffin, you will be required to submit to a 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 conviction under a criminal drug statute 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 City of Griffin, you must successfully pass this screening test.

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

Date: _____ Signature: _____