

www.eatontonga.us

Application for Employment
CITY OF EATONTON

201 North Jefferson Avenue
P.O. Box 3820
Eatonton, Georgia 31024
Phone: (706) 485-3311 Fax: (706) 485-7912

FOR OFFICE USE ONLY
TEST DATE: _____
INTERVIEWER'S INITIALS _____
VERIFIED BY _____

EXACT TITLE OF POSITION APPLIED FOR	FOR OFFICE USE ONLY

A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION

Have you read the job requirements for this position and any other relevant materials provided? Yes No
Does your work experience and/or education meet the MINIMUM QUALIFICATION requirements described for this position? Yes No

INSTRUCTIONS

Please answer *all* questions completely and accurately. Type or print clearly. If additional space is needed, you may attach additional sheets. A resume may be attached as additional information but can not be accepted in lieu of completing this application.

ENTER YOUR SOCIAL SECURITY NUMBER HERE

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Name: _____

Last	First	Middle or Maiden
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Address: _____

Number	Street	Apt. No.
City	State	Zip Code

Telephone Number (_____) _____ Alternate Number (_____) _____

Are you a citizen of the United States? Yes No If no, are you a permanent resident? Yes No 1986 IRCA requires prospective employees to verify identity and employment eligibility prior to employment.

Emergency Contact: _____ (_____) _____

Name	Area Code	Telephone Number	Relationship
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What prompted you to apply for City employment?

- | | |
|---|---------------------------------------|
| A. () Newspaper Ad (Specify): _____ | F. () Employee Referral: _____ |
| B. () Radio Announcement (Station Name): _____ | G. () State Employment Office: _____ |
| C. () Trade Periodical: _____ | H. () City Personnel Office: _____ |
| D. () School Placement Office: _____ | I. () City Bulletin Board: _____ |
| E. () Telephone Job Line: _____ | J. () Job Fair or Career Day: _____ |
| | K. () Other: _____ |

Have you filed an application with the City of Eatonton before? Yes No Position last applied for: _____
Are you presently employed by the City of Eatonton? Yes No

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

I certify that all information on this application is true and correct to the best of my knowledge, and acknowledge that any false statement or misrepresentation of facts will be grounds for disqualification or termination. I authorize the City of Eatonton to verify this information.

_____ (Signature)	_____ (Date)
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An Equal Opportunity Employer

The City of Eatonton is an equal Opportunity Employer and does not discriminate on the basis of Race, Sex, Age, National Origin, Religion or Physical/Mental Disability (except where physical/mental requirements constitute a bona fide occupational qualification).

PRIOR CITY EMPLOYMENT Have you been employed previously by the City of Eatonton? Yes No

If yes, indicate department in which you were employed: _____ Last position held: _____

Date started: _____ Date left: _____ Reason for leaving: _____

Did you leave in good standing? Yes No Were you dismissed or asked to resign? Yes No

RELATIVES WORKING FOR THE CITY Do you have any relatives working for the City? Yes No

If yes, list each relative Name: _____ Relationship: _____ Dept./Bureau: _____

Name: _____ Relationship: _____ Dept./Bureau: _____

EDUCATION

Name of last High or Grade School Attended	Location City or County, State	Circle Last Grade of School Completed												Date of Leaving	Did You Graduate?
		1	2	3	4	5	6	7	8	9	10	11	12		
Colleges or Universities Attended and Location		Dates of Attendance		Hours Earned		Was Degree Awarded? YES/NO	Year of Degree	Type of Degree					Major Field of Study		
		From Month/Year	To Month/Year	Quarter	Semester										
Graduate Schools Attended and Location		Dates of Attendance		Hours Earned		Was Degree Awarded? YES/NO	Year of Degree	Type of Degree					Major Field of Study		
		From Month/Year	To Month/Year	Quarter	Semester										
Trade, Technical or Business Schools (Including Military Service Schools)		Dates of Attendance		Number of Hours per Week	Did You Graduate? YES/NO	Description of Courses Studied									
		From Month/Year	To Month/Year												

LICENSE/CERTIFICATION

Do You Drive An Automobile? Yes No Driver's License #: _____ State: _____ Class: _____ Expiration Date: _____

Do You Have:

A Commercial Driver's License? Yes No Driver's License #: _____ State: _____ Class: _____ Expiration Date: _____

Current DOT Medical Card? Yes No State: _____ Expiration Date: _____

List any other License or Certificate you have:

(Professional Engineer, Water Plant Operator, Pilot, etc.)

State or other

Licensing Authority

Expiration Date

TYPING SKILLS Do you type? Yes No If yes, approximate words per minute: _____

LANGUAGE SKILLS Are you fluent in any other languages other than English? Yes No

List each language: _____

COMPUTER QUALIFICATIONS AND SKILLS (list all computer software and programming languages in which you are proficient: Microsoft Word, etc.) _____

MILITARY SERVICE

Have you had ACTIVE military service? Yes No (All veterans will be required to present their military papers, DD Form 214.)

From: _____
Month Year

Branch of Service _____

To: _____
Month Year

Rank at Discharge _____

From: _____
Month Year

Branch of Service _____

To: _____
Month Year

Rank at Discharge _____

Was your discharge Honorable? Yes No

If No Indicate Type: _____

*A discharge other than Honorable is not an absolute bar to employment.

Do you have a service related disability? Yes No

Type of Disability: _____

Please list the details of your military work history in the employment area of this application.

EMPLOYMENT RECORD

INSTRUCTIONS: In the spaces provided, give a **COMPLETE** record of employment. Start with your present or most recent employment and work back to your first job. List all jobs you have held since you left school. Explain any periods when you were not employed. If you worked for the same employer but held different jobs, describe each job separately. If duties varied widely in one job, give percentage of time for each duty. **DO NOT** write “**SEE RESUME**” in the work experience section. This is not acceptable for evaluation purposes. List the number of hours worked per week for part time, volunteer work or work performed while in school. If there are not enough spaces to cover your work history, attach additional sheets and include your name and social security number on each attachment.

BE COMPLETE. AN INCOMPLETE APPLICATION MAY AFFECT YOUR RATING.

LIST MOST RECENT EMPLOYMENT FIRST – PLEASE PRINT OR TYPE.

From: _____, _____ Month Year	Starting Salary \$ _____	Name of Firm: _____
To: _____, _____ Month Year	Ending Salary \$ _____	Address: _____
Your Job Title: _____		_____
Number of Hours Worked per Week: _____		Type of Business: _____
Description of your duties: _____		

Reason for Leaving (BE SPECIFIC): _____		
Supervisor's Name: _____		Phone Number: _____
Number and titles of employees you supervised: _____		

From: _____, _____ Month Year	Starting Salary \$ _____	Name of Firm: _____
To: _____, _____ Month Year	Ending Salary \$ _____	Address: _____
Your Job Title: _____		_____
Number of Hours Worked per Week: _____		Type of Business: _____
Description of your duties: _____		

Reason for Leaving (BE SPECIFIC): _____		
Supervisor's Name: _____		Phone Number: _____

Number and titles of employees you supervised: _____

From: _____, _____ Starting
Month Year Salary \$ _____

To: _____, _____ Ending
Month Year Salary \$ _____

Your Job Title: _____

Number of Hours Worked per Week: _____

Description of your duties: _____

Name of Firm: _____

Address: _____

Type of Business: _____

Reason for Leaving (**BE SPECIFIC**): _____

Supervisor's Name: _____ Phone Number: _____

Number and titles of employees you supervised: _____

From: _____, _____ Starting
Month Year Salary \$ _____

To: _____, _____ Ending
Month Year Salary \$ _____

Your Job Title: _____

Number of Hours Worked per Week: _____

Description of your duties: _____

Name of Firm: _____

Address: _____

Type of Business: _____

Reason for Leaving (**BE SPECIFIC**): _____

Supervisor's Name: _____ Phone Number: _____

Number and titles of employees you supervised: _____

From: _____, _____ Starting
Month Year Salary \$ _____

To: _____, _____ Ending
Month Year Salary \$ _____

Your Job Title: _____

Number of Hours Worked per Week: _____

Description of your duties: _____

Name of Firm: _____

Address: _____

Type of Business: _____

Reason for Leaving (**BE SPECIFIC**): _____

Supervisor's Name: _____ Phone Number: _____

Number and titles of employees you supervised: _____

COMPLETING THE APPLICATION

All applications must be fully completed. A resume may be attached to provide additional information but DOES NOT take the place of completing the application itself. No other Personnel File is considered part of the application process. Applications are accepted only if the position is currently open. Follow all instructions shown on the application and/or supplement. If you need more space, attach additional sheets.

JOB REQUIREMENTS

Please note the education and/or experience requirements listed on the job announcement bulletin. These are minimum requirements, which all applicants must meet in order to be considered for employment for a specific job classification. If you do not meet these requirements, you will receive a rating of Not Qualified for employment.

APPLICATION PROCEDURE

- A completed City of Eatonton application must be received by the closing date indicated on the announcement, unless otherwise indicated.
- Every application received by the closing date is evaluated and assigned a rating by the Personnel Staff.
- If the position requires a test, each applicant will be notified either at the time the application is submitted or by mail.
- Each applicant for a classified position will receive one of the following ratings:
(1) HIGHLY QUALIFIED (2) WELL QUALIFIED (3) QUALIFIED (4) NOT QUALIFIED.
- An incomplete application may result in a NOT QUALIFIED rating.
- Applications, resumes, letters of reference and/or other documents submitted become property of the City of Eatonton and cannot be returned.

APPLICATION RESPONSE TIME

All applicants who complete an employment application will receive a written response. Telephone requests regarding the status of an application are not encouraged since they slow down the response time.

BACKGROUND INVESTIGATION

Education, credentials and employment history will be verified prior to appointment. Additional areas of verification are required for certain positions. **Falsification of information will result in automatic disqualification for City employment and may result in termination of employment.**

PRE-EMPLOYMENT PHYSICAL EXAMINATION REQUIREMENT

All potential new employees will be required to undergo and pass a test for illegal drugs. Certain potential new employees may be required to undergo and pass a physical examination in order for the employment process to be complete.

ADVERTISING VACANCIES

Current vacancies are advertised and posted weekly at the City Hall. You may also visit the City's web site: www.eatontonga.us to see a complete listing of jobs for which we are currently accepting applications. Applications are accepted only for those positions, which are currently advertised.

Your interest in employment with the City of Eatonton is appreciated.

EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION

Please indicate your date of birth, race and sex. This information is CONFIDENTIAL and will only be used to evaluate the effectiveness of our equal employment, affirmative action program.

APPLICANT EEO DATA

Please complete the following:

Date of Birth: _____
 Month Day Year

Sex: Female Male
Race: Black White Hispanic Asian American Indian
Other Specify _____