

CITY OF WASHINGTON

Applicant Information

PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING YOUR APPLICATION. A SEPARATE APPLICATION FORM IS REQUIRED FOR EACH POSITION TITLE.

EMPLOYMENT POLICY

City of Washington is an Equal Opportunity Employer. It is our policy that employment decisions are made on the basis of merit and fitness for the position.

COMPLETING THE APPLICATION

Applicants must complete an application and applicant questionnaire (when applicable) for each position. Please follow the instructions shown on the application and applicant questionnaire. If you need more space, you may attach additional sheets. All applications must be completed IN FULL. A RESUME MAY BE ATTACHED TO PROVIDE ADDITIONAL INFORMATION BUT DOES NOT TAKE THE PLACE OF COMPLETING THE APPLICATION AND APPLICANT QUESTIONNAIRE. A complete and accurate application is essential, since this is the primary source used for determining your qualifications.

JOB REQUIREMENTS

Please note the education and/or experience requirements listed in the Job Vacancy Announcements and job descriptions. These are minimum standards which all applicants must meet in order to be considered for employment. All employees are required to provide proof of identity and authorization of employability.

ADVERTISING VACANCIES

Vacant positions are advertised in *The News-Reporter*.

APPLICANT PROCEDURE

A completed City of Washington application should be received in the office by the established closing date as stated on the job vacancy announcement.

APPLICATION REVIEW

Every application received by the established closing date is reviewed for minimum qualifications and competitiveness by the City Personnel Officer. Should you meet the requirements for the position, your name will be placed on a register of eligible candidates and forwarded to the appropriate department for consideration.

INTERVIEWS

1. Hiring departments hold interviews with selected applicants who are referred by City Personnel Officer. The hiring department notifies the persons selected for interviews by telephone or letter when interviews are to be scheduled.
2. After the interviews, the hiring department makes a selection and returns all applications to the City Personnel Officer.
3. The City Personnel Officer contacts the selected candidate for submission to a drug and alcohol screening. The candidate must pass the drug and alcohol screening before employment is offered. After the results of the drug and alcohol screening is obtained, the City Personnel Officer contacts the applicant and offers the position. All candidates who are interviewed, but not selected, are informed of the decision.

YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF WASHINGTON IS APPRECIATED. SHOULD YOU HAVE ANY QUESTIONS OR COMMENTS, PLEASE CONTACT US.

City of Washington
Post Office Box 9
Washington, GA 30673
(706) 678-3277

NOTE: Applications, resumes, letters of reference, etc., submitted with application became property of the City of Washington and cannot be returned. The information you have provided on the application may be subject to public disclosure under the Georgia Open Records Act.

Thank you for your interest in Employment Opportunities with the City of Washington.

APPLICATION FOR EMPLOYMENT

CITY OF WASHINGTON

P.O. Box 9
Washington, Georgia 30673-0009
706-678-3277

POSITION OR JOB TITLE APPLIED FOR:

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a disability or any other legally protected status.

Personal Data

Last Name	First (given)	Middle	Maiden
Address: Street	Apt #	City	State Zip
Telephones: Business	Residence	Social Security Number	

WILL YOU ACCEPT: Temporary Work? Part-Time Work? Shift Work? Weekend/Holiday?
(Check all that apply)

Are you over 18 years old? _____ Are you eligible to work in the United States either because you are a U.S. citizen or have U.S. government permission 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 us before? No Yes. If yes, when and where? _____

Give name, relationship, & department of any relatives currently employed with the City

Are you able to perform the job duties listed for the position you are applying for without an accommodation?
 No Yes If no, what accommodation is needed?

If this position requires a valid Georgia Driver's License, do you have a valid driver's license? No Yes

License # _____ Type _____ State _____

Have you had any traffic violations in the past 3 years? No Yes

Please indicate type of offense and dates _____

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? (Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law).
 No Yes If yes, give complete details: (Date, Place, Charges, Disposition)

NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances, and seriousness.

"We Are An Equal Opportunity Employer"

Education

Circle Highest Grade Completed:

GED/USAFI

High School

GED _____ USAFI _____

5 6 7 8 9 10 11 12

Date Awarded _____

Name: _____

Place where test was administered _____

Address: _____

Equivalency Diploma or Certificate Awarded? No Yes

City

State

Graduated? No Yes

Name/Address of State Authority issuing diploma _____

Colleges/Universities	City	State	Hours Earned		Major	Degree
			Qtr.	Sem.		

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. _____

Work History

Describe your work history beginning with your current or most recent job. Include military and volunteer experience. 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.

Have you ever been disciplined, fired, or asked to resign from any job? 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: _____

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

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 employments, 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, and verify all information given in this application.

If I am employed by the City of Washington, I agree to conform to the policies, rules and regulations of the government set forth in the City of Washington 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 until I become a non-probationary regular employee.

If required by the City of Washington 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 Ninety (90) Days Only Unless Renewed Personally By Me In Writing.

Before an applicant can be selected for employment with the City of Washington he/she must submit to a drug test. Should you be offered a job with the City of Washington 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: _____

CITY OF WASHINGTON

Authorization To Release Information on Driving History

I hereby authorize the City of Washington or other Authorized representative of the City of Washington bearing this release or copy thereof, within twelve (12) months of its date, 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 Washington. Consent is granted for the City of Washington to furnish such information as to described above, to third parties in the course of fulfilling its official responsibilities. Should there be any questions as to validity of this release, you may contact me as indicated below.

I hereby authorize my previous employers to provide the City of Washington and its agents any and all information that they may request. I hereby release my former employers from liability for providing such information.

Full Name: _____

Print

Driver's License Number: _____ State Where Issued: _____

Expiration Date: _____ Date of Birth: _____

Full Name: _____

Signature

Notary Public: _____

Notary Expiration: _____

Alcohol and Controlled Substance Testing

As a condition of employment by the City of Washington you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our police 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 Washington 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: _____

CITY OF WASHINGTON PUBLIC SAFETY

RELEASE OF CRIMINAL HISTORY CONSENT FORM

SUBJECT

I,

_____		_____		_____
Last Name		First Name		Middle
_____		_____	_____	_____
Social Security Number		Height	Weight	Eye Color
				Hair Color
_____		_____	_____	
Date of Birth		Race	Sex	
_____		_____	_____	
Street Address		City	State	Zip

AUTHORIZE:

Name of Agency

Name of Person to Pick up Record

Street Address of Agency

City State Zip Telephone #

to receive my criminal history record from the City of Washington Police/Wilkes County Sheriff's Department

Signature of Subject

CONFIDENTIAL

CITY OF WASHINGTON

It is the policy of the City of Washington to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, religion, color, national origin, marital or veteran status, sex, age, or disability.

For equal employment opportunity (EEO) statistical data, we request the following from you. Failure to complete this form will not affect your application for a position.

This form is not a part of the attached application for employment form. This sheet will be separated and filed separately from the employment application. All information will be considered strictly private and confidential and will be used for EEO purposes only. If you prefer not to reply, leave this sheet blank. Your cooperation is appreciated.

If you have questions, please contact the City Personnel Officer.

Position(s) applied for _____

Male _____ Female _____ Age _____

WITH WHICH ETHNIC GROUP DO YOU MOST IDENTIFY?

- 1. BLACK - Not of Hispanic Origins
- 2. Caucasian - Includes origins in Europe, North Africa, Middle East, not Hispanic or East Indian.
- 3. Hispanic - Includes origins of Mexican, Puerto Rican, Central or South American, or other Spanish culture.

 American Indian/Alaskan Native

 Asian/Pacific Islander

 Other _____

REFERRAL SOURCE:

- 1. Self 3. Employee 5. Walk-In 7. Professional Journals
- 2. Relative 4. Job Line 6. Other 8. News Reporter