

Application for Employment

City of Washington
102 E. Liberty St.
Washington, GA 30673
706-678-3277

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street/Apt # City State Zip

Date of Birth: _____ SSN _____

Phone: _____ Email _____

D.L. #: _____ Class/Type _____ State _____

Are you a U.S. citizen or otherwise authorized to work in the U.S.? NO YES

What kind of work will you accept? Full-Time Part-Time

Driver's License # _____ Class: _____ State: _____

Have you had any traffic violations in the past 3 years? NO YES If yes, list charges and dates _____

Have you been convicted of a crime? NO YES If yes, give details including date, place, charges, and disposition. (Omit non-moving traffic violations and any offense that was adjudicated in a Juvenile Court or under a Youth Offender Law.) _____

NOTE: A conviction will not necessarily bar you from employment. Each case is judged on its own merits with respect to time, circumstances, and severity. Failure to disclose a conviction will result in disqualification.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References – Please list 3 personal references

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Previous Work Experience – Begin with most recent job.

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wage:\$ _____ Ending Wage:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wage:\$ _____ Ending Wage:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wage:\$ _____ Ending Wage:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable discharge, please explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please download the form and open it with ADOBE READER in order to submit it via email!
An active email account is required.