



**CITY OF JEFFERSONVILLE
GENERAL APPLICATION FOR EMPLOYMENT
EEO/AA/V/ADA**

**All Sections of This Application Must Be Completed. Resumes Will Not Be Accepted In Place of this Application.
Resume May Be Attached But Must Include Complete Employment History.**

First Name:		Middle Name:	Last Name:		Last 4 Social Security Number:
Address:			City:		State: Zip:
Home Telephone Number		Cell Phone Number		Other/Specify	
Email Address:		Position Applying For:		Date:	

EMPLOYMENT HISTORY

ADDRESS INFORMATION MUST BE COMPLETE-INCLUDE STREE NAME & NUMBER, CITY, STATE, & ZIP CODE
(BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT)

1. Employer Name:				Your Title:	
Address:			City		State: Zip:
Supervisor's Name:			Title:		Business Phone Number:
Employment Dates:	From:	To:	Starting Salary:	Ending Salary:	

Your Major Duties and Responsibilities:

Reason for Leaving:

2. Employer Name:				Your Title:	
Address:			City		State: Zip:
Supervisor's Name:			Title:		Business Phone Number:
Employment Dates:	From:	To:	Starting Salary:	Ending Salary:	

Your Major Duties and Responsibilities:

Reason for Leaving:

3. Employer Name:				Your Title:	
Address:			City		State: Zip:
Supervisor's Name:			Title:		Business Phone Number:
Employment Dates:	From:	To:	Starting Salary:	Ending Salary:	

Your Major Duties and Responsibilities:

Reason for Leaving:

EDUCATION

COMPLETE SCHOOL NAME AND LOCATION IS REQUIRED
All Educational Achievement(s) Must Be Verified With Official Transcript(s)

	Elementary School	High School	Technical, Undergraduate College/University	Graduate/Professional
School Name, Location (City/State)				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
			If Degree Not Obtained Total Credits Earned	If Degree Not Obtained Total Credits Earned?

Describe any specialized training, apprenticeship, apprenticeship, skills, and activities:

Describe any special recognition(s) you have received:

Describe other qualifications and/or job-related training courses obtained (give course title and year completed):

RELATIVE VERIFICATION

Have you ever been employed by the City of Jeffersonville? YES NO

If yes, give date(s), location(s), and position(s)

Date:	Location:	Position:
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Do you or your spouse have any relatives working for the City of Jeffersonville? YES NO

If yes, please list who, their relation and department where employed:

Name:	Relation:	Department:
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PAST EMPLOYMENT

Have you ever been terminated from any job? YES NO

If yes, please explain:

Have you ever been terminated from any employment for violating company policies rules or regulations? YES NO

If yes, please explain:

Have you ever left a position because you were asked to resign? YES NO

If yes, please explain:

Have you (since the age of 18) ever been Convicted of, Plead Guilty or No Contest to a:

NOTE: Please Use Additional Sheet of Paper, If Needed.

Misdemeanor* YES NO

If yes, please give Date(s):

Court

Case(s)#:

Circumstance(s):

Traffic violations (speeding, DUI, etc.) are misdemeanors and will show on your MVR.

Felony YES NO

If yes, please give Date(s):

Court

Case(s)#:

Circumstance(s):

A criminal conviction may or may not disqualify an applicant, the decision is based upon the conviction and the position for which applicant is applying.

DRIVING RECORD

A seven (7) Year Motor Vehicle Report is Required

Do you possess a valid Georgia Driver's License? YES NO

If yes, give License Number, and expiration date:

Exp. Date:

Have you ever possessed a driver's license from any other State? YES NO

If yes, give State and License Number

State

Are you a U.S. Citizen? YES NO If no, Lawful Alien authorized to work until:

Are you under eighteen (18) years of age? YES NO (Alien or Admission#):

Are you available to work: Full-time Part-Time Shift Work Temporary

Have you ever had job-related training in the United States Military? YES NO

If yes, describe type training received:

EMERGENCY CONTACT INFORMATION

(In case of an emergency, you have my permission to contact the individual listed below)

First Name:

Middle Name:

Last Name:

Relationship

Address:

City:

State:

Zip:

Home Telephone:

Cell Phone:

Other, Specify:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

PROFESSIONAL REFERENCES

Provide the names three (3) **past supervisors** who have direct knowledge of your job performance and your interaction with others. Street addresses and telephone numbers are required.

Please not provide current employers, as you should not jeopardize your employment.

We will not contact current employers unless you provide express permission to us in writing.

R1	FIRST NAME:	LAST NAME:	OCCUPATION/TITLE
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EMPLOYED BY:	WORK TELEPHONE #:
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Address:	City:	State:	Zip:
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R2	FIRST NAME:	LAST NAME:	OCCUPATION/TITLE
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EMPLOYED BY:	WORK TELEPHONE #:
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Address:	City:	State:	Zip:
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R3	FIRST NAME:	LAST NAME:	OCCUPATION/TITLE
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EMPLOYED BY:	WORK TELEPHONE #:
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Address:	City:	State:	Zip:
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May we contact your past supervisor(s)? YES NO

I authorize the City of Jeffersonville and/or its designee(s) permission to contact my past supervisor(s).

Applicant's Signature

Date

May we contact your present employer? YES NO

I authorize the City of Jeffersonville and/or its designee(s) permission to contact my present employer.

Applicant's Signature

Date

APPLICANT CERTIFICATION

I certify the answers to the above questions are true.

I understand that any false information, omissions, or misrepresentations of facts called for in this application or any supplements, thereto, is cause for rejection of my application or discharge at any time during my employment.

Applicant's Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Jeffersonville, I am required to furnish information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any or all information that you may have concerning me, including information of a confidential or privilege nature, to any duty authorized agent of the City of Jeffersonville, Law Enforcement Agent or Agency.

I hereby release you, your organization, or other from liability or damage which may result from furnishing the information requested.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This release will expire one (1) year after the date signed.

Applicant's Signature

Applicant's Name (Printed)

Date: