

City of Vidalia
Application for Employment

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, handicap or marital status.

Name:				
Last	First	Middle	Date	
Address:				
Street	City	State	Zip	
Telephone:				
Home	Work	Social Security Number		
Education	Name and Location of School	Years attended	Major	Diploma-Degree
High School		/		/
College/ University		/		/
Other		/		/
Are you a United States Citizen or otherwise authorized to work in the United States on an unrestricted basis?				
		Yes	No	
How did you learn of this opening?				
Have you worked here before?				
		Yes	No	
Are there any hours, shifts or days you cannot or will not work?				
List acquaintances that work for the City				
Have you ever been convicted of a felony?				
		Yes	No	
If answered yes to the above question, describe conditions, state conviction, date and ruling:				
Positions applied for: 1. _____ 2. _____				
Wage or Salary desired? Hourly/Annually			When can you start?	

*****Work History*****

Most Recent employer:

Name	Address	Telephone Number
Dates of employment:		
Beginning	Ending	Supervisor
Positions held:		
Descriptions of duties:		
Reason for Leaving:		

Next Recent employer:

Name	Address	Telephone Number
Dates of employment:		
Beginning	Ending	Supervisor
Positions held:		
Descriptions of duties:		
Reason for Leaving:		

Next Recent employer:

Name	Address	Telephone Number
Dates of employment:		
Beginning	Ending	Supervisor
Positions held:		
Descriptions of duties:		
Reason for Leaving:		

In addition to your work history, what other experience, skills, or qualifications would especially fit you for work with our company?

Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The City is hereby authorized to make any investigation of my prior educational history, work history, and criminal history.

I understand that employment with this organization is "at will" which means that either I or The City can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of The City, other than the City Manager alter the foregoing.

Applicant's signature	Date
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CRIMINAL

City of Vidalia
Vidalia, GA
Background Report

Employee Information

Name: _____
Last First Middle Maiden

Address: _____
Street City Zip

Date of Birth: _____ / _____ - _____
Month Day Year Social Security Number

Telephone: (_____) _____
Area Code Driver's License Number & State

Expiration Date

I do hereby authorize the review of, and full disclosure of all records concerning myself to the duly authorized agent of the City of Vidalia.

I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the City of Vidalia. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person from any and all liability, which may be incurred as a result of furnishing such information.

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

Employee Signature

Date

Witness Signature

Date
