

City of Guyton, Georgia

Established 1887



Working Together to Make a Difference

City of Guyton Employment Application

Applicant Name: _____

Position: _____

Date: _____ How did you hear about this position? _____

The City of Guyton is an equal opportunity employer and does not discriminate in recruiting, hiring, promotion or other employment terms based on race, color, creed, national origin, citizenship, sex, age, disability or veteran status. This applies to all categories of employment: managerial, professional, technical, and all other staff.

All employment decisions will be made solely upon the basis of the individual's qualifications as related to the requirements of the position being filled. The information requested in this application will be used in a nondiscriminatory manner.

You may be asked to perform one or more job-related skills tests. If you are certified, registered or licensed in your profession, you need to provide proof of your professional standing.

In accordance with the Immigration and Reform Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

The City of Guyton maintains a smoke free workplace.

If hired, you will be required to notify your employer of any criminal conviction that occurs during the course of your employment.

IN ACCORDANCE WITH OUR DRUG POLICIES, PROSPECTIVE EMPLOYEE WILL HAVE A DRUG SCREEN.

You must complete the application even if you are submitting a resume. Information provided on this application form is used for preliminary screening of applicants. All questions must be answered completely. Failure to complete detailed information (i.e. job responsibilities, employment dates, salary information, etc.) may result in your application not being considered.

Return completed application by one of the following methods:

Mail – City of Guyton, PO Box 99, Guyton GA 31312
In Person – City Hall, 310 Central Boulevard, Guyton
Email: tinachadwick@cityofguyton.com

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General Information

Name (last, first, middle): _____

Name (birth, maiden or others used): _____

Phone: _____ Email: _____

Address: _____

Mailing Address (if not physical address): _____

Position Applied For: _____ Date Available: _____

Expected Salary/Wage Required: \$_____ (hour)/_____ (annual)

Indicate Shifts Available for Work: Days _____ Evenings _____ Nights _____ Weekend _____

Indicate Desired Employment Status: Full-Time _____ Part-Time _____ Temporary _____ Seasonal _____

Personal Record

Are you age eighteen (18) or older? Yes _____ No _____ Valid Driver's License? Yes _____ No _____

Have you ever applied to the City of Guyton? Yes _____ No _____

Military Service Branch: _____

Date Entered _____ Date Discharged _____ Reserve Status _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____

If yes, explain: _____

Are you legally authorized to work in the United States? Yes _____ No _____

Skills

____ Basic Mathematics _____ Word Processing/Typing (WPM) _____ Spreadsheets

____ Basic Facility/Infrastructure Knowledge _____ Maintenance/Related Tools _____ Utility Meters

____ Federal/State Laws _____ Criminal/Traffic Codes _____ Search/Seizure

____ City Ordinances _____ Knowledge of Court/Judicial System

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List Equipment/Software: _____

Licenses/Certifications:

_____ # _____ Expiration Date: _____

_____ # _____ Expiration Date: _____

_____ # _____ Expiration Date: _____

Please list all vehicles/equipment you are licensed to operate: _____

Educational Record

School Name
& Location

Major

Year Completed

Graduation Date

Degree

High School				
Business/Technical College				
Graduate School				
Other				

List any foreign languages spoken and level of fluency: _____

List any certificates, training or other education not listed above that may help qualify you for this position:

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Work History (beginning with present/most recent)

Are you employed? Yes ___ No ___ May we contact your present employer? Yes ___ No ___

Employer: _____ From _____ To _____

Address: _____ Phone: _____

Job Title: _____ Immediate Supervisor: _____

Description of your Work: _____

Reason for Leaving: _____

Employer: _____ From _____ To _____

Address: _____ Phone: _____

Job Title: _____ Immediate Supervisor: _____

Description of your Work: _____

Reason for Leaving: _____

Employer: _____ From _____ To _____

Address: _____ Phone: _____

Job Title: _____ Immediate Supervisor: _____

Description of your Work: _____

Reason for Leaving: _____

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Please Account for all unemployment of four (4) weeks or longer, for non-medical reasons, during the last five (5) years or since you left school.

From _____ To _____ Reason: _____

From _____ To _____ Reason: _____

Personal References. Provide three (3) non-relatives who have knowledge of your work performance within the last five (5) years.

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Please list any employer/person that you do not authorize us to contact.

Name: _____ Name: _____ Name: _____

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PLEASE READ BEFORE SIGNING

I understand that this application is intended for information purposes only. Neither this application nor any other communication by the organization's representative, written or oral, establishes an employment contract other than one terminable at will by the City of Guyton or the Applicant. The City of Guyton and its employees have the right to terminate the employment relationship with or without cause at any time. No communication or practice limits the reasons or procedures for termination or modification of the employment relationship.

I authorize the City of Guyton to inquire and investigate into my employment, education, professional, criminal and other background as needed to verify the information on this application and research my qualifications for this position. Unless specifically stated in this application, the City of Guyton may contact all employers and references that I have provided in order to obtain this information. I hereby release the City of Guyton from all liability that might result from such investigation into my background.

Before any offer of employment is finalized, Applicants may be required to undergo and pass a criminal background check, work reference check, a pre-employment physical examination (when job related and consistent with business necessity) and other medical testing for controlled substances and alcohol at a medical facility selected by the City of Guyton at the City's expense. Prior to any job offer, Applicants must sign the City's Authorization for Release of Information authorizing the background check and agreeing to submit to medical testing and authorizing the release to the City. If the Applicant does not pass any part of the criminal background check, a pre-employment physical (as necessary) and/or a drug screen, Applicants will not be permitted to begin work for the City.

I understand that the City of Guyton does not discriminate on any basis, including age.

I agree to have a drug and/or alcohol screen whenever required by the City of Guyton.

If hired, I agree to inform the City of Guyton of any criminal conviction that occurs during the course of my employment.

I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application will prohibit my employment on the grounds of the rejection of my application or immediate dismissal whenever such omission or misinformation is discovered.

I acknowledge that I have read and understand the above statements.

Signature

Date

Print Name



Please read carefully before signing this Authorization.

As a result of your request for employment consideration with the City of Guyton, we intend to investigate into your background to verify the information you have provided to us. Our inquiries will be limited to obtain only information that is job related, and will include reference checks, previous employment inquiries and verification of your training and education.

Because of your right to privacy, this Authorization is needed to allow former employers, business references and education institutions to provide us with this information. This form will be submitted to these parties as verification that you have waived your right of privacy.

If you agree with these statements and the waiver provided below, please provide your signature and the date signed at the bottom of this form.

CITY OF GUYTON EMPLOYMENT APPLICATION AUTHORIZATON FOR RELEASE OF INFORMATION

I hereby grant permission to the City of Guyton, Georgia and its agents to conduct an investigation of my application for employment.

I authorize and request any and all former employers, business references and education institutions to furnish (orally and/or in writing) information concerning my past job performance and my work, salary and educational histories. I hereby release these parties and their representatives furnishing such information from any and all liability and damages that may result from complying with this Authorization.

I recognize that a reproduction of this original document is a valid requisition.

Signature of Applicant

Date

Printed Name

Phone Number