Employment Application

Human Resources Department
418 Osborne St.
St. Marys, GA 31558

Phone: (912) 510-4030
Fax: (888)298-2251
Website: www.stmarysga.gov

Position Applying For:_____ _____
Date of Application

How did you learn about this position? (Please check all that apply.)

Newspaper Ad____City Employee ____City's Website____Friend____

May we contact your current employer? Yes____ No____

Do you have any relatives who work for the City of St. Marys? Yes____No____ If yes, please list name & relationship below:

Do you have prior military experience? Yes ___ No ___ If yes, please include a copy of DD214.

_____

_____ _____/_____/_____
Last Name First Name Middle Name Social Security Number (optional)

_____
Home Address City State Zip

_____
Mailing Address City State Zip

_____ (____)_____ (_____)_____
Email Address Home Telephone Number Alternate Telephone Number

Do you have a valid driver's license? Yes___ No___
Do you have a legal right to work in the United States? Yes___ No___
Have you ever been employed by the City of St. Marys? Yes ___ No___. If yes, name previous used.

_____

Have you been convicted of a felony in the last 7 years? Yes___ No___ (Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain:_____

_____

_____

Education & Training

HS Diploma Yes___ No___ GED Yes___ No___ Highest Year Completed_____ College/Technical School Yes___ No___

Name of College/University/Technical School	Type of Degree/Diploma	Major Area of Study

The City of St. Marys is an Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, political affiliation, age, disability, marital status, sexual orientation, family responsibilities, military obligations or other non-merit factors. Applicants with a known disability as defined under the Americans with Disabilities Act who need an accommodation in the recruitment or selection process must request this accommodation no later than 48 hours prior to the need.

Employment History

Indicate ALL periods of employment, unemployment, education or military service during the past 10 years. Experience obtained over 10 years ago that is relevant to the position for which you are applying must be included in your employment history. Attach additional sheet(s) if necessary. You may include a resume with this application, but all information on the application must be completed. **DO NOT STATE, "SEE RESUME". NO ADDITIONAL WORK HISTORY INFORMATION WILL BE ACCEPTED AFTER RECRUITMENT HAS CLOSED.**

Employer_____ Date Employed (Month/Year) _____/_____ Date Employed (Month/Year) _____/_____

Address_____

City_____State_____Zip_____

Name of Supervisor_____Telephone Number _____

Status: Full Time [ ] Part-time [ ] Volunteer [ ] Seasonal [ ] Temporary [ ]

Job Title_____ Ending Salary _____

Job Duties_____

_____

_____

_____

_____

_____

Reason for Leaving_____

Employer_____ Date Employed (Month/Year) _____/_____ Date Employed (Month/Year) _____/_____

Address_____

City_____State_____Zip_____

Name of Supervisor_____Telephone Number _____

Status: Full Time [ ] Part-time [ ] Volunteer [ ] Seasonal [ ] Temporary [ ]

Job Title_____Ending Salary _____

Job Duties_____

_____

_____

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	Date Employed (Month/Year)	Date Employed (Month/Year)
Employer_____		
Address_____	_____/_____	_____/_____

City_____State_____Zip_____

Name of Supervisor_____Telephone Number _____

Status: Full Time [ ] Part-time [ ] Volunteer [ ] Seasonal [ ] Temporary [ ]

Job Title_____Ending Salary_____

Job Duties_____

_____

_____

_____

_____

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Reason for Leaving_____

	Date Employed (Month/Year)	Date Employed (Month/Year)
Employer_____		
Address_____	_____/_____	_____/_____

City_____State_____Zip_____

Name of Supervisor_____Telephone Number _____

Status: Full Time [ ] Part-time [ ] Volunteer [ ] Seasonal [ ] Temporary [ ]

Job Title_____Ending Salary_____

Job Duties_____

_____

_____

_____

_____

_____

Reason for Leaving_____

PROFESSIONAL REFERENCES (not personal):
List 3 people not related to you who can comment on your work performance.

Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

PERSONAL REFERENCES:
List 3 people not related to you who can about you.

Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

PREVIOUS ADDRESSES:
List addresses you have lived at prior to your current address going back 10 years.

Address	City	State	Zip Code	# of Years
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: _____ Relationship: _____ Tel. ( ) _____
Address: _____City:_____ State: _____ Zip: _____

PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the City of St. Marys may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the City of St. Marys. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the City of St. Marys for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

_____ _____

Signature of Applicant Date

_____

Printed Name

(Forward to Human Resources Director)

RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING

I understand that the foregoing will be verified in order to expedite my application for employment with the City of St. Marys. I hereby authorize the City of St. Marys to conduct a full investigation into my background.

I authorize the City of St. Marys to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the City of St. Marys for the purpose of making its hiring decision. I agree that the City of St. Marys shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand that my employment will be at-will, which means that both the City of St. Marys and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

_____ _____

Signature of Applicant Date

_____

Printed Name