



# Employment Application

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

Phone: (912) 510-4030  
Fax: (912) 510-4015  
Website: www.ci.st-marys.ga.us

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:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_ If yes, please attach a copy of your current driver's license to this application.

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<br>(Month/Year)<br>____/____ | Date Employed<br>(Month/Year)<br>____/____ |
| Address _____   |  |  |
| City _____ State _____ Zip _____  |  |  |
| Name of Supervisor _____ Telephone Number _____   |  |  |
| Status: Full Time [ <input type="checkbox"/> ] Part-time [ <input type="checkbox"/> ] Volunteer [ <input type="checkbox"/> ] Seasonal [ <input type="checkbox"/> ] Temporary [ <input type="checkbox"/> ] |  |  |
| Job Title _____   |  |  |
| Job Duties _____  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Reason for Leaving _____  |  |  |

|   |  |  |
|---|--|--|
| Employer _____  | Date Employed<br>(Month/Year)<br>____/____ | Date Employed<br>(Month/Year)<br>____/____ |
| Address _____   |  |  |
| City _____ State _____ Zip _____  |  |  |
| Name of Supervisor _____ Telephone Number _____   |  |  |
| Status: Full Time [ <input type="checkbox"/> ] Part-time [ <input type="checkbox"/> ] Volunteer [ <input type="checkbox"/> ] Seasonal [ <input type="checkbox"/> ] Temporary [ <input type="checkbox"/> ] |  |  |
| Job Title _____   |  |  |
| Job Duties _____  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Reason for Leaving _____  |  |  |

## 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<br>(Month/Year) | Date Employed<br>(Month/Year) |
| Address _____   | _____/____/____               | _____/____/____               |
| City _____ State _____ Zip _____  |                               |                               |
| Name of Supervisor _____ Telephone Number _____   |                               |                               |
| Status: Full Time [ <input type="checkbox"/> ] Part-time [ <input type="checkbox"/> ] Volunteer [ <input type="checkbox"/> ] Seasonal [ <input type="checkbox"/> ] Temporary [ <input type="checkbox"/> ] |                               |                               |
| Job Title _____   |                               |                               |
| Job Duties _____  |                               |                               |
| _____   |                               |                               |
| _____   |                               |                               |
| _____   |                               |                               |
| _____   |                               |                               |
| Reason for Leaving _____  |                               |                               |

|   |                               |                               |
|---|-------------------------------|-------------------------------|
| Employer _____  | Date Employed<br>(Month/Year) | Date Employed<br>(Month/Year) |
| Address _____   | _____/____/____               | _____/____/____               |
| City _____ State _____ Zip _____  |                               |                               |
| Name of Supervisor _____ Telephone Number _____   |                               |                               |
| Status: Full Time [ <input type="checkbox"/> ] Part-time [ <input type="checkbox"/> ] Volunteer [ <input type="checkbox"/> ] Seasonal [ <input type="checkbox"/> ] Temporary [ <input type="checkbox"/> ] |                               |                               |
| Job Title _____   |                               |                               |
| Job Duties _____  |                               |                               |
| _____   |                               |                               |
| _____   |                               |                               |
| _____   |                               |                               |
| Reason for Leaving _____  |                               |                               |

**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

