

City of Port Wentworth Employment Application

All information provided on this application MUST BE CURRENT AND COMPLETE so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, sex, sexual orientation, gender, identity, religion, national origin, citizenship, age disability, or pregnancy. The City of Port Wentworth will hire only authorized workers regardless of national origin. Please print legibly and use ink when signing this application. Please complete one application for each position for which you are applying. APPLICATIONS THAT ARE NOT SIGNED AND DATED OR ARE INCOMPLETE WILL BE REJECTED. YOU MAY ATTACH A RESUME TO YOUR COMPLETED APPLICATION; HOWEVER, RESUMES **ARE NOT** ACCEPTED IN LIEU OF A COMPLETED APPLICATION.

"The City of Port Wentworth is an Equal Opportunity Employer"

Position applied for: _____ Salary Requirement: _____

Date of Application: _____ Referred By: _____

How did you hear about this opening? _____

Date available for work: _____ Are you over the age of 18? YES NO

Are you eligible to work in the United States because you are a U.S. Citizen or have the U.S. Government's permission to do so?
 YES NO

NOTE: if offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in termination.

Give name, relationship, and department of any family or friends that you have working for the City: _____

PERSONAL INFORMATION

LAST NAME: _____ FIRST (LEGAL): _____ MIDDLE: _____

STREET: _____ APT#: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ OTHER: _____

EMAIL ADDRESS: _____

EDUCATION

HIGH SCHOOL

Name & Location: _____

(Please list last high school that you attended)

Check highest grade completed: 9 10 11 12 Graduated: YES NO

If not a high school graduate, do you have a GED: YES NO

COLLEGE / UNIVERSITY

NAME OF SCHOOL	City & State	Graduated? Yes or No	MAJOR

Describe any specialized training, qualifications, apprenticeships/internships, skills and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. (Use additional pages if necessary.)

BACKGROUND INFORMATION

List any other names which you may have used and which will be necessary to verify your prior employment:

Have you ever been terminated or asked to resign from a job? YES NO

If yes, please explain: _____

Have you ever pled "no contest", *nolo contendere*, or guilty to a crime or traffic violation, or been convicted of a crime? YES NO

If yes, provide type of conviction, date of conviction and State: _____

Have you ever been a defendant in a lawsuit for an intentional tort? YES NO

What was the disposition of that lawsuit? _____

Are any charges currently pending against you? YES NO

MILITARY SERVICE INFORMATION
This information is furnished on a voluntary basis.

Check all that apply to you: Veteran Disabled Veteran Vietnam Era Veteran

Dates of Service: _____ to _____ Branch: _____

If Vietnam Era Veteran, have you been certified by the State Office of Affirmative Action? YES NO

If yes, what is the Certification Number? _____

(Please attach Form DD-214 or a copy of SOAA certification.)

WORK EXPERIENCE

The City of Port Wentworth reserves the right to contact all previous employers for references; however, we will not contact your current employer without your permission.

Current Organization for Firm: _____

Address: _____ Phone: _____
Dates Employed: From M/Yr _____
To M/Yr _____
City State Zip

Supervisor: _____ Pay Start: _____ End: _____

Job Title: _____ Department: _____

Reason for Leaving: _____ May we contact? YES NO

Job Duties: _____

Name of Organization for Firm: _____

Address: _____ Phone: _____
Dates Employed: From M/Yr _____
To M/Yr _____
City State Zip

Supervisor: _____ Pay Start: _____ End: _____

Job Title: _____ Department: _____

Reason for Leaving: _____ May we contact? YES NO

Job Duties: _____

Name of Organization for Firm: _____

Address: _____ Phone: _____
Dates Employed: From M/Yr _____
To M/Yr _____
City State Zip

Supervisor: _____ Pay Start: _____ End: _____

Job Title: _____ Department: _____

Reason for Leaving: _____ May we contact? YES NO

Job Duties: _____

Use this space to explain any gaps of 6 months or more in your work history: _____

REFERENCES

Give the names and addresses of persons who know you (not relatives). (We will assume we have your permission to contact these people unless you indicate to the contrary.)

Name:	Name:	Name:
Phone #:	Phone #:	Phone #:
Profession:	Profession:	Profession:
Years Known:	Years Known:	Years Known:

APPLICANT STATEMENT

I understand that if I am hired it will be “at will”. I further understand that I have the right to terminate my employment at any time with or without notice, and under certain circumstances; the City has the same right.

Georgia employers have a qualified privilege to disclose factual information on job performance or abilities of employee or former employee, made at request of employee or a prospective employer, including disclosures involving violations of law. Employers are presumed to be acting in good faith when disclosing factual information concerning job performance, ability or violations of law (GA Code §34-1-4). I understand that the City of Port Wentworth may contact any and/or all of my previous employers and I authorize those employers to disclose to the City all records and other information pertinent to my employment with them. I also authorize the City to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand that the first **SIX MONTHS** of regular employment represent a provisional period during which I will not be eligible to apply for a transfer or promotion and during which I may be terminated without right of appeal. If employed, I agree to conform to the employment policies and procedures of the City. I understand that completion of this application for employment does not guarantee that I have been employed by this Company. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the City of Port Wentworth.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made on this Employment Application may result in my not being considered for employment, and if not discovered by the City until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the City requires the successful completion of a urinalysis for drug testing purposes, background check, and/or medical examination (where applicable for certain positions) to the extent permitted by law as a condition of employment. I authorize the City of Port Wentworth to investigate my driving record, my criminal record, and my credit history (when applicable for certain positions). By submitting this Application for Employment, I hereby consent to either or both of said tests, at the City of Port Wentworth’s discretion.

Print Name: _____

Signature: _____ Date: _____

CITY OF PORT WENTWORTH EMPLOYMENT APPLICATION

Applicant Data Record

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

(PLEASE PRINT)

Position(s) Applied for _____ Date _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Sex: Male Female

Race / Ethnic Group:

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American** – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” can be used in addition to “Black or African American”
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Hispanic or Latino (All Races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
- Hispanic or Latino (White race only)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race
- Hispanic or Latino (all other races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White
- Race missing or unknown** – Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant

Check if any of the following are applicable:

Vietnam Era Veteran Veteran

Where did you learn of this job opening?

Advertisement Friend Relative Walk-In Employment Agency Other

**Bureau of Investigation
Georgia Crime Information Center**

Driver's License Status Consent Form

I hereby authorize the City of Port Wentworth to verify the status of my driver's license on a periodic basis during the duration of my employment with the City of Port Wentworth.

Full Name (Print)

Sex

Date of Birth

Driver's License Number

Signature

Date

Notary

I. PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH (MM/DD/YYYY)

DRIVERS LICENSE # & STATE:

SOCIAL SECURITY NUMBER:

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

PLACE OF BIRTH: (LIST CITY/STATE/COUNTRY)

US CITIZEN?

 YES NO

NATURAL BORN?

 YES NO

NATURALIZED?

 YES NO

HOME PHONE:

CELLULAR PHONE:

CURRENT ADDRESS:

HOW LONG?

RENT?

 YES NO

OWN?

 YES NO

NAME OF LANDLORD:

LANDLORD PHONE NUMBER:

PREVIOUS ADDRESS (IF LESS THAN 5 YRS AT CURRENT ADDRESS)

NAME OF LANDLORD:

LANDLORD PHONE NUMBER:

HOW LONG?

RENT?

 YES NO

OWN?

 YES NO

HAVE YOU EVER USED ANOTHER NAME?

 YES NO

IF YES, LIST MAIDEN OR OTHER NAMES / ALIASES YOU HAVE USED:

HAVE YOU EVER LEGALLY CHANGED YOUR NAME?

 YES NO

IF YES, LIST YOUR FORMER NAME:

WHAT COURT ORDERED THE NAME CHANGE?

HAVE YOU EVER BELONGED TO ANY SOCIAL NETWORKING SITES?

 YES NO

IF YES, PLEASE LIST ANY SITES (FACEBOOK, MYSPACE, LINKDIN, ETC.....)

DO YOU OWN OR HAVE YOU EVER OWNED ANY PERSONAL WEBSITE DOMAINS? (IE; WWW.YOURNAME.COM) YES NO

PLEASE LIST ANY INTERNET FORMS WHICH YOU SUBSCRIBE OR POST TO:

II. MILITARY SERVICE INFORMATION

COMPLETED MILITARY SERVICE: (LIST BRANCH)

OCCUPATION / MOS:

DATES SERVED:

HIGHEST RANK:

TYPE OF DISCHARGE:

HAVE YOU EVER RECEIVED ANYTHING OTHER THAN AN HONORABLE DISCHARGE FROM THE MILITARY?

YES NO

DID YOU EVER RECEIVE ANY TYPE OF DISCIPLINARY ACTION? YES NO (CHECK ALL THAT APPLY)

COURT MARTIAL AWOL ARTICLE 15 RANK REDUCTION OTHER

DD 214 ATTACHED TO APPLICATION?

YES NO N/A

III. FORMAL EDUCATION

HIGHEST GRADE OF SCHOOL COMPLETED: (1 – 12)

GED CERTIFICATE?

YES N/A

DID YOU GRADUATE HIGH SCHOOL?

YES NO

DATE OF GRADUATION:

NAME OF HIGH SCHOOL:

CITY AND STATE OF SCHOOL:

LIST NAMES OF ANY COLLEGES OR UNIVERSITIES ATTENDED AND MAJOR COURSE OF STUDY:

CHECK HIGHEST YEAR OF COLLEGE COMPLETED:

1 2 3 4

MAJOR:

DEGREE OBTAINED?

YES NO

YEAR OBTAINED:

GRADUATE SCHOOL:

1 2 3 4

DEGREE OBTAINED?

YES NO

YEAR OBTAINED:

DO YOU SPEAK OR WRITE ANY FOREIGN LANGUAGES?

YES NO

IF YES, PLEASE LIST:

SPECIAL SKILLS / TRAINING THAT WOULD BE HELPFUL TO YOU IF SELECTED FOR A POSITION:

IV. EMPLOYMENT HISTORY

(LIST PREVIOUS EMPLOYMENT FOR THE LAST TEN (10) YEARS STARTING WITH THE MOST RECENT)
IF ADDITIONAL SHEETS ARE NEEDED, PHOTOCOPY THIS BLANK SHEET AND ATTACH

NAME OF EMPLOYER:

ADDRESS:

IMMEDIATE SUPERVISOR:

TELEPHONE:

DATES EMPLOYED:

MAY WE CONTACT THIS EMPLOYER?

YES NO

REASON FOR LEAVING:

NAME OF EMPLOYER:

ADDRESS:

IMMEDIATE SUPERVISOR:

TELEPHONE:

DATES EMPLOYED:

MAY WE CONTACT THIS EMPLOYER?

YES NO

REASON FOR LEAVING:

NAME OF EMPLOYER:

ADDRESS:

IMMEDIATE SUPERVISOR:

TELEPHONE:

DATES EMPLOYED:

MAY WE CONTACT THIS EMPLOYER:

YES NO

REASON FOR LEAVING:

NAME OF EMPLOYER:

ADDRESS:

IMMEDIATE SUPERVISOR:

TELEPHONE:

DATES EMPLOYED:

MAY WE CONTACT THIS EMPLOYER?

YES NO

REASON FOR LEAVING:

VII. PERSONAL REFERENCES – LIST AT LEAST FIVE (5)

(DO NOT LIST FAMILY MEMBERS)

NOTE – FAILURE TO LIST CURRENT OR ADEQUATE TELEPHONE NUMBERS MAY DELAY APPLICATION

NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:
NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:
NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:
NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:
NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:
NAME:	ADDRESS:	HOME PHONE:
YEARS KNOWN:	THEIR EMPLOYER:	DAYTIME OR CELLULAR:

VIII. LIENS / JUDGEMENTS / GARNISHMENTS

(LIST ANY FINANCIAL OBLIGATIONS WHICH ARE CURRENTLY OVERDUE OR ARE REMOVED FROM YOUR PAY)

PAYMENT:	DEBTHOLDER:	BALANCE:

IX. BACKGROUND INFORMATION

(MARITAL AND FAMILY INFORMATION)

MARITAL STATUS:

 MARRIED SINGLE WIDOWED DIVORCED SEPARATED**SPOUSE**

SPOUSE NAME: (FIRST, MIDDLE, MAIDEN, LAST)

SPOUSE DATE OF BIRTH:

DATE OF MARRIAGE:

SPOUSE OCCUPATION:

SPOUSE'S EMPLOYER:

LENGTH OF EMPLOYMENT:

SPOUSE'S EMPLOYER PHONE:

SPOUSE'S EMPLOYER ADDRESS:

FATHER

FATHER'S FULL NAME: (FIRST, MIDDLE, LAST)

 LIVING DECEASED

HOME TELEPHONE:

DAYTIME OR MOBILE TELEPHONE:

ADDRESS:

MOTHER

MOTHER'S FULL NAME: (FIRST, MIDDLE, MAIDEN, LAST)

 LIVING DECESED

HOME TELEPHONE:

DAYTIME OR MOBILE TELEPHONE:

ADDRESS:

SISTER(S)

NAME:

AGE:

ADDRESS:

PHONE:

NAME:

AGE:

ADDRESS:

PHONE:

NAME:

AGE:

ADDRESS:

PHONE:

IX. BACKGROUND INFORMATION (CONTINUED)

(MARITAL AND FAMILY INFORMATION)

BROTHER(S)

NAME:	AGE:
ADDRESS:	PHONE:
NAME:	AGE:
ADDRESS:	PHONE:
NAME:	AGE:
ADDRESS:	PHONE:

FATHER-IN-LAW

FATHER-IN-LAW'S FULL NAME: (FIRST, MIDDLE, LAST)	PHONE:
ADDRESS:	

MOTHER-IN-LAW

MOTHER-IN-LAW'S FULL NAME: (FIRST, MIDDLE, MAIDEN, LAST)	PHONE:
ADDRESS:	

EMERGENCY CONTACT

CONTACT NAME:	RELATION:
ADDRESS:	
HOME PHONE:	DAYTIME OR MOBILE TELEPHONE:

IX. BACKGROUND INFORMATION (CONTINUED)

(MARITAL AND FAMILY INFORMATION)

CHILDREN

(LIST ALL CHILDREN BORN TO YOU)

NAME:	AGE:
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ADDRESS:

NAME:	AGE:
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ADDRESS:

NAME:	AGE:
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ADDRESS:

NAME:	AGE:
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ADDRESS:

ARE YOU SUPPORTING ALL CHILDREN BORN TO YOU OR ADOPTED BY YOU? YES NO

AFFILIATIONS

ARE YOU RELATED TO ANY CURRENT EMPLOYEE OF THE CITY OF PORT WENTWORTH? YES NO

IF YES, LIST EMPLOYEE'S NAME:

X. MISCELLANEOUS INFORMATION

(THIS POSITION MAY REQUIRE YOU TO DO SOME OF THE FOLLOWING)

WORK SHIFT WORK. DO YOU OBJECT TO DOING SO? YES NO

WEAR A UNIFORM. DO YOU OBJECT TO DOING SO? YES NO

WORK OVER TIME. DO YOU OBJECT TO DOING SO? YES NO

DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO

HAVE YOU EVER USED MARIJUANA? YES NO

HAVE YOU EVER USED ANY OTHER ILLEGAL DRUGS? (COCAINE, OPIATES, PILLS, ETC....)

YES NO

IF YES, LIST CIRCUMSTANCES:

X. MISCELLANEOUS INFORMATION (CONTINUED)

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN EMPLOYMENT FOR ABUSE OF AUTHORITY OR DISCIPLINARY REASONS?

YES NO

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN EMPLOYMENT FOR BREACH OF TRUST, EMBEZZELMENT, THEFT, OR OTHER CRIME? YES NO

DO YOU NOW OR HAVE YOU EVER ASSOCIATED WITH ANYONE THAT USES OR SELLS ILLEGAL DRUGS?

YES NO

IF YOU HAVE EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR ARREST, LIST THE AGENCIES BELOW. YOUR ANSWER WILL BE CHECKED WITH THE F.B.I. AND OTHER AGENCIES.

AGENCY:	PURPOSE:	DATE:
AGENCY:	PURPOSE:	DATE:
AGENCY:	PURPOSE:	DATE: