



City of Brooklet
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Brooklet, GA 30415

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www.cityofbrooklet.org

Office Hours: 8:00 A.M. - 5:00 P.M.

MONDAY - FRIDAY

FOR OFFICE USE ONLY
NO.

APPLICANT'S NAME:

JOB TYPE: _____

POSITIONS OR JOB TITLES
APPLIED FOR.

GENERAL APPLICATION FOR EMPLOYMENT

READ THIS SECTION BEFORE COMPLETING THE APPLICATION.

The City of Brooklet is firmly committed to a policy of *Equal Employment Opportunity* and does not discriminate against applicants because of race, color, religion, age, national origin, sex, or disability. The City is a drug-free workplace and all applicants must pass a pre-employment drug screen and physical.

This application is to be used for employment consideration with the City of Brooklet and all its departments.

This is a general application, which will be considered for all positions for which you may be qualified.

I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED ACTIVE FOR JOB VACANCIES, WHICH OCCUR ONLY DURING THE NEXT SIX (6) MONTHS. IF I WISH TO BE CONSIDERED FOR JOB VACANCIES OCCURRING AFTER THAT PERIOD OF TIME, I MUST RENEW MY APPLICATION.

ALL INFORMATION SUBMITTED MAY BE SUBJECT TO PUBLIC REVIEW UNDER THE GEORGIA OPEN RECORDS ACT.

I HAVE READ, OR HAVE HAD READ TO ME, THE INFORMATION LISTED ON THIS PAGE.

Date

Applicant's Usual Signature

APPLICATION MUST BE SUBMITTED IN PERSON BY
APPLICANT TO CITY HALL UNLESS OTHERWISE DIRECTED.

NOTICE- Your answers must be typewritten or clearly **PRINTED IN INK**. **EACH QUESTION MUST BE ANSWERED**. If a question does not apply to you, place the letters **NA** directly behind the question number. If additional space is needed to permit a complete answer, we will provide you with a continuation form on which to complete the answer.

LIST THE JOB TITLE(S) OR VACANT POSITION(S) YOU ARE APPLYING FOR:

1. Your Name in Full _____
 (Last) (First-Given) Middle

2. Your Social Security Number _____ / _____ / _____

3. Your Present Home Address _____
 Street Number

 City State Zip Code

4. Telephone Number (____) _____. If you do not have a telephone, is there a number where we may leave a message?

5. (a) Are you over 18 years of age? _____ (b) If hired can you furnish proof of age? _____

6. Person to Notify in Case of Emergency _____
 Name

 Address City, State, Zip Code Telephone

7. Name of any relative(s) currently employed by the City of Brooklet: _____

8. Driver's License Number _____ Class _____ State _____

9. Are you a *U.S. Citizen? _____ *State Law Requires the Police Officers must be a U.S. Citizen.

10. List ALL your residents for the past ten (10) years, beginning with the most recent and including college and/or military residents.

Dates From:	To:	Street Address	Apt. No.	City	State	Zip Code
(a)						
(b)						
(c)						
(d)						
(e)						
(f)						
(g)						

(h)		
(i)		
(j)		
(k)		

11. EDUCATION: COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.

Name of School	City, State	No. Yrs. Attended	Major/Minor	Degrees or Diplomas Received
High School				
College				
Graduate School				
Vocational School				
Miscellaneous				

12. EMPLOYMENT: List ALL your employments, including summer and part-time for the past ten (10) years. COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.

Name & Address of Employer	Date From	Date To	Salary	Kind of Work	Name of Supervisor	Reason for Leaving
(a) Name						
Address (Mail/Street)						
(b) Name						
Address (Mail/Street)						
(c) Name						
Address (Mail/Street)						
(d) Name						
Address (Mail/Street)						

13. May we contact your present employer?

Yes _____ No _____

14. Have you ever been dismissed or asked to resign from any employment or position you have held?

Yes _____ No _____

Employer's Name _____

Reason _____

15. MILITARY RECORD

- a. Have you ever served on active duty in the armed forces of the United States?
- b. Branch _____
- c. Are you now a member of the active reserves or National Guard? _____
- d. Service Branch and Status _____

16. List any additional employment, job-related skills, abilities, training, or experiences that might qualify you for a position. Use continuation sheet, if necessary. **COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

17. Specialized Skills: Check Skills/Equipment Operated

CRT Fax Production/Mobile Machinery (list) other (list)
 PC Spreadsheet _____
 Calculator PBX System _____
 Typewriter Word Processing _____
Est. wpm _____

18. Please list three **supervisor** references, if possible.

Name	Location	Title	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. If under 18 years of age, list name and address of parent and/or guardian.

I understand that all appointments are probationary for a period of six (6) months, during which time I must demonstrate my fitness for continued employment. I am further aware that willfully withholding information or making false statements on this application will be a basis for denial of a position prior to employment, and should such willful withholding or false statement become evident after appointment, such evidence will constitute sufficient grounds for dismissal from service with the City of Brooklet. I further understand that if I am selected for employment with the City of Brooklet that I must comply with the provisions of the Immigration Reform and Control Act of 1986 by providing documentary proof of identity and employment authorization prior to commencement of work. I fully understand and agree to these conditions. I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I authorize the City of Brooklet to investigate my previous work performance and to confirm any knowledge, skills and abilities required to qualify me for the position(s) I have indicated on this application.

If your application is considered favorably, on what date will you be available to work?

Date

Applicant's Signature

SECURITY AND PRIVACY ACT RELEASE REQUIRED FOR ALL APPLICANTS

NAME: _____ SSN _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

D/O/B _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ RACE _____ SEX _____

DRIVERS LICENSE NUMBER _____ STATE _____

OTHER STATES IN WHICH YOU HAVE HAD A DRIVERS LICENSE IN THE PAST TEN YEARS: _____

I hereby authorize your organization to release any and all information of a confident and privileged nature from your files to the City of Brooklet, including my work records, my driving history and or police record and photo static copies if requested.

I understand that this information will be used to determine my qualifications for the position for which I have applied and/or for my continued employment. I further understand and realize that the information so released be held in the strictest confidence and may prove unfavorable to my being selected for the position or have any adverse effect on my present employment with the City of Brooklet.

I, therefore release your organization and or designated representative from all liability resulting from the disclosure of this confidential and privileged information.

DATE SIGNATURE

Sworn to and subscribed before me at (city and state)

This ____ day of _____ 20 _____.

NOTARY

My commission expires: _____

(SEAL)