

CITY OF FORT VALLEY

P. O. Box 956 * Fort Valley, Georgia * 31030

Employment Application



APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address							Apartment/Unit #					
City				State				ZIP				
Phone				E-mail Address								
Date Available			Social Security No.				Desired Department					
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other			Address									
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company				Phone ()								
Address												
Full Name				Relationship								
Company				Phone ()								
Address												
Full Name				Relationship								
Company				Phone ()								
Address												

The City of Fort Valley is an Equal Opportunity Employer

PREVIOUS EMPLOYMENT										
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
MILITARY SERVICE										
Branch					From		To			
Rank at Discharge					Type of Discharge					
If other than honorable, explain										
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature							Date			

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CONSENT FORM

I HEREBY AUTHORIZE THE CITY OF FORT VALLEY OR ANY AUTHORIZED AGENT OF THE CITY OF FORT VALLEY TO RECEIVE ANY CRIMINAL HISTORY RECORD OR ANY INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY NATIONAL, STATE OR LOCAL CRIMINAL JUSTICE AGENCY. I FURTHER AUTHORIZE THE DISCLOSURE OF ANY AND ALL INFORMATION CONCERNING MY MORAL CHARACTER, HONESTY AND DEPENDABILITY. THIS INCLUDES, BUT IS NOT LIMITED TO THE RELEASE OF EMPLOYMENT RECORDS, ACADEMIC RECORDS, MOTOR VEHICLE REPORT, MEDICAL RECORDS (MENTAL AND PHYSICAL) AND PHOTOCOPIES OF SAME, IF REQUESTED, TO THE CITY OF FORT VALLEY.

Full Name Printed

Address

Sex

Race

Date of Birth

Social Security #

Driver's License #/State

Signature

Notary Public

Date