



APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION AND INSTRUCTIONS

Evaluations of applications are based on individual merit. Information **must be complete**. Your ability to complete this application will be evaluated and used as one basis for employment decisions. This application must be typed or printed in ink. False or misleading statements or deliberate evasive answers will be grounds for rejection of this application, or dismissal at a later date. A resume may be attached to provide additional information, but does not take the place of completing the application itself.

PERSONAL DATA				
POSITION APPLYING FOR:		HOW WERE YOU REFERRED? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee		DATE:
WHAT IS YOUR DESIRED SALARY RANGE:	DATE AVAILABLE TO WORK:	<input type="checkbox"/> Internet Job Board <input type="checkbox"/> Other Source		ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (Mornings Afternoon Evenings) <input type="checkbox"/> Temporary (Indicate dates available below)
List Source:		CAN YOU TRAVEL IF THE JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMAIL		IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		LEGAL LAST NAME LEGAL FIRST NAME MIDDLE NAME HOME		
ADDRESS		CITY STATE ZIP		CELL
OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED:				
DO YOU HAVE FRIENDS OR RELATIVES EMPLOYED WITH THE CITY: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT ARE THEIR NAMES AND RELATIONSHIP?			ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT AND POSITION:	DO YOU HAVE A VALID GA DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	GA DRIVERS LICENSE NUMBER & EXPIRATION DATE:	
EDUCATION/TRAINING				
SCHOOL OR INSTITUTION	NAME & ADDRESS OF SCHOOL	MAJOR	NUMBER OF YEARS ATTENDED	DEGREES AND/OR DIPLOMAS EARNED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
LIST ANY SPECIAL SKILLS OR QUALIFICATIONS (foreign languages, typing, computer, business equipment, software, certifications) WHICH RELATE TO THE POSITION YOU ARE APPLYING FOR:				
U.S. MILITARY SERVICE / BRANCH:		DATES:	TYPE OF DISCHARGE:	ARE YOU CURRENTLY SERVING IN THE NATIONAL GUARD OR RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO
		HIGHEST RANK HELD:		
<p>Applications are active for one year. Submit application and resume to: City of Suwanee ATTN: Human Resources Department 330 Town Center Ave, Suwanee, GA 30024 or fax to 678-546-2120</p> <p><i>Company Policy, Federal and State Law Prohibit Discrimination on the basis of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. EOE/Drug Free Workplace.</i></p>				

EMPLOYMENT HISTORY

Give employment records for the last 10 years, listing current or **most recent employer first**. Attach additional sheets if necessary. Include any job-related military service assignments and volunteer activities. List and explain employment gaps. A resume may be attached but will not be accepted in lieu of completing this section.

COMPANY NAME		ADDRESS		TELEPHONE	DATES EMPLOYED (MONTH / YEAR)	
					FROM:	TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE			TYPE OF BUSINESS	BASE RATE OF PAY (HOUR/MONTH/WEEK)	
					START:	END:
DESCRIPTION OF DUTIES				REASON FOR LEAVING		
				IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME		ADDRESS		TELEPHONE	DATES EMPLOYED (MONTH / YEAR)	
					FROM:	TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE			TYPE OF BUSINESS	BASE RATE OF PAY (HOUR/MONTH/WEEK)	
					START:	END:
DESCRIPTION OF DUTIES				REASON FOR LEAVING		
COMPANY NAME		ADDRESS		TELEPHONE	DATES EMPLOYED (MONTH / YEAR)	
					FROM:	TO:
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COMPANY NAME		ADDRESS		TELEPHONE	DATES EMPLOYED (MONTH / YEAR)	
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					START:	END:
DESCRIPTION OF DUTIES				REASON FOR LEAVING		
COMPANY NAME		ADDRESS		TELEPHONE	DATES EMPLOYED (MONTH / YEAR)	
					FROM:	TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE			TYPE OF BUSINESS	BASE RATE OF PAY (HOUR/MONTH/WEEK)	
					START:	END:
DESCRIPTION OF DUTIES				REASON FOR LEAVING		

DISCLAIMER

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

List at least 3 personal references that may be contacted as part of the selection process for the City of Suwanee. Do not include family members or past supervisors. All information requested below must be completed.

NAME, ADDRESS, CITY, STATE AND ZIP	TELEPHONE	OCCUPATION	RELATIONSHIP / YEARS KNOWN

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or any oral statements made at any time during the recruiting process or supplementary materials will be cause for refusal to hire or for immediate discipline, up to and including my termination regardless of when the false statement is discovered.

I authorize investigation of all statements contained on this application or on my resume or other supplementary materials submitted in consideration for employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with City of Suwanee is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City.

I acknowledge that the City of Suwanee is participating in E-Verify, a program that is operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) to electronically verify the employment eligibility of their newly hired employees.

Blank space for signature and date.

Signature

Date

**Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the City will verify the status of every individual offered employment with the City. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and, upon employment, it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.*

APPLICANT CONSENT AND RELEASE FOR BACKGROUND INVESTIGATION

To Whom It May Concern:

I am an applicant for a position with the City of Suwanee. I hereby authorize the City of Suwanee's authorized representative bearing this release, or copy thereof, within one year of the date indicated below to obtain any and all information pertaining to my employment, education, or credentials.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Suwanee. Consent is granted for the City of Suwanee to furnish the above information to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, or any related personnel both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Full Name (Please Print)

Social Security Number

Signature of Applicant

Date

Phone

Present Address

Notary Public
Please Place Commission and Seal