



APPLICATION FOR EMPLOYMENT



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. Applications may be emailed to careers@cityofjeffersonga.com or submitted at 147 Athens Street, Jefferson, GA 30549.

Position You Are Applying For: _____ Desired Salary: _____

Date Available For Work: _____

PERSONAL INFORMATION:

First Name		Middle		Last Name	
Address		City		State	Zip
Contact Number: _____		Email: _____			
Are you legally authorized to work in the U.S. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number: _____			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		License Number: _____		State: _____	
Have you ever been convicted of a felony: <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to submit to a pre-employment drug screen test? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary					

EDUCATION

School Name	Location	Years Attended	Degree/Diploma	Major

REFERENCES

Name	Address	Contact #	Relationship	Years Known

SOCIAL MEDIA

Platform	Username/Profile
LinkedIn	_____
Facebook	_____
Twitter	_____
Instagram	_____
TikTok	_____

The City of Jefferson reserves the right to view and monitor any personal social media accounts for inappropriate material. Any inappropriate material observed is grounds for removal of the application process or termination upon future employment.

Additional Skills/Training

Please list any additional skills or training below:

MILITARY

Are you actively serving in the U.S. Military? ☐ Yes ☐ No

Service/Branch: _____ Type of Discharge: _____

Highest Rank Held: _____

Employment History

Give employment for the last 10 years, listing the 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	Contact #	Dates Employed (Month/Year)	
			From:	To:
Job Title	Supervisor's Name & Title	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay	
			Start:	End:
Description of Duties		Reason For Leaving		

Company Name	Address	Contact #	Dates Employed (Month/Year)	
			From:	To:
Job Title	Supervisor's Name & Title	Type of Business	Rate of Pay	
			Start:	End:
Description of Duties		Reason For Leaving		

Company Name	Address	Contact #	Dates employed (Month/Year)	
			From:	To:
Job Title	Supervisor's Name & Title	Type of Business	Rate of Pay	
			Start:	End:
Description of Duties		Reason For Leaving		

Company Name	Address	Contact #	Dates Employed (Month/Year)	
			From:	To:
Job Title	Supervisor's Name & Title	Type of Business	Rate of Pay	
			Start:	End:
Description of Duties		Reason For Leaving		

Acknowledgement and Authorization

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 any other supplementary materials submitted in consideration for employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Jefferson 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 Jefferson is participating in E-Verify, a program that is operated of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) to electronically verify the employment eligibility of their newly hired employees.

 Signature

 Date

Applications are accepted online at careers@cityofjeffersonga.com or at 147 Athens Street, Jefferson, GA 30549

Applicant Consent and Release for Background Investigation

To Whom It May Concern:

I am an applicant for a position with the City of Jefferson. I hereby authorize the City of Jefferson'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, and 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 Jefferson. Consent is granted for the City of Jefferson 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 Number

Current Address

Notary Public

Please Place Commission and Seal