

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

CITY OF MADISON
P.O. Box 32
Madison, Georgia 30650

APPLICATIONS FOR EMPLOYMENT REMAIN ACTIVE FOR SIX (6) MONTHS

It is the policy of the City of Madison not to discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, veteran status, or handicap status.

Your cooperation in completing this application fully and accurately will supply us with information necessary to give your application equal consideration in competition with others for positions which may be available with the City. Complete information should be furnished in order that we may give you fair and appropriate consideration. All information will be considered personal and confidential.

Name Last First Middle Social Security No.

Present Address No. Street City/State Phone No. Zip

If your application is considered favorably, on which date will you be available for work? , 200 .

What department are you interested in:

- Street; Water/Wastewater; Natural Gas; Police; Administrative

Were you previously employed by us? If yes, when?

Are you related to anyone currently on the Madison City Council? If yes, state: Name Relationship

Circle highest Elementary or Secondary grade completed

- 1 2 3 4 5 6 7 8 9 10 11 12

University or College Indicate Years Credit

High School Equivalency Test - Date passed

Awarding Agency

Table with 4 columns: School, Name and Address of School, Area of Emphasis, Degree Received. Rows include Elementary, High, and College.

Have you received any special training in the military or other special services which you feel would benefit you on the job for which you are applying?

SPECIAL INFORMATION

DO NOT ANSWER ANY QUESTION CONTAINED IN THIS BLOCKED OFF AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, thereby indicating that for the position for which you are applying, the requested information is needed for national security laws, a bona fide occupational qualification, business necessity or other legally permissible reasons.

- How long have you lived at present address? _____
- Previous Address _____ How long? _____
No. Street City/State Zip
- Are you over the age of eighteen? _____ If no, hire is subject to verification you are of minimum legal age.
- Sex. M _____ F _____ Height: _____ ft. _____ in. Weight _____ lbs.
- Indicate dates you attended school:
Elementary _____ High School _____ College _____
From To From To From To
- Other (specify type of school) _____
From To
- Have you ever been bonded? _____ If yes, on what job? _____
- Do you have relatives working for us? _____ If yes, please list _____
- Do you have a valid State of Georgia Driver's License? _____

I hereby authorize the City of Madison to investigate all information given in this application, including an investigation of my personal history and financial and credit records through any investigation or credit agencies or bureaus of your choice. I have been advised that I have the right to request the disclosure of the nature and scope of this investigation. I certify that all information given on this application is correct, and I understand any misrepresentation or omissions of facts called for in this or other city forms can result in my immediate dismissal without notice.

I understand that before being employed by the City, a physical examination is required to determine any physical fitness as related to the job requirements. The City physician is thereby authorized to discuss results of the medical examination as it relates to work activities with appropriate City personnel. I also understand that any offer or employment is subject to verification that I am of the legal minimum age. I further understand that this application or other City forms does not mean that any positions are open and does not in any way obligate the City.

I hereby declare that all information furnished by me in this application is true, correct and complete. If employed, I agree to comply with all the rules and regulations of the City now in effect and any others that may be instituted at a later date. I also agree to follow all city health and safety regulations including drug testing regulations.

Date: _____ Signature of Applicant: _____

EMPLOYMENT RECORD

Name of Employer		Address	
From	To	Name and Title of Immediate Supervisor	
Position Held or Title		Starting Salary \$ yr.	Ending Salary \$ yr.
Type of Work or Major Duties/Responsibilities			
Reasons For Leaving			

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Position Held or Title		Starting Salary \$ yr.	Ending Salary \$ yr.
Type of Work or Major Duties/Responsibilities			
Reasons For Leaving			

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Reasons For Leaving			

May we contact the employers listed? _____ If not, indicate by number which one(s) you do not wish for us to contact _____

Have you been convicted of a crime within the past ten (10) years, excluding misdemeanors and summary offenses? _____ If yes, describe in full (use additional sheets if necessary). _____
