



City of Madison
 132 North Main Street
 P.O. Box 32
 Madison, Georgia 30650

Application for Employment

Please Print

Position(s) applied for: _____ Date of application: _____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other (Name Source if Applicable) _____

What department are you interested in: Street Water/Wastewater Natural Gas Police
 Other: _____

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

Are you related to anyone currently working with the City of Madison? YES NO

If yes, state: Name _____ Relationship _____

Name (Last, First, Middle): _____

Address: _____

Telephone: () _____ Work Telephone: () _____

Best time to contact you at home is: _____ am pm

May we contact you at work? YES NO If so, what is the best time to contact you at work? _____ am pm

If you are under 18, can you provide a work permit? YES NO

Have you filed an application here before? YES NO If yes, provide date: _____

Have you ever been employed here before? YES NO If yes, provide dates: From _____ To _____

Are you legally eligible for employment in this country? YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony in the past seven (7) years? YES NO
 If yes, please explain: _____

Driver's License Number (if job related) _____

State _____

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.

City of Madison is an Equal Opportunity Employer.

Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section.

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	per	

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	per	

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Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	per	

Educational Background

A. List the last three (3) schools attended, starting with the most recent. B. List the number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. & F. Major and minor fields of study (if applicable).

A. School	B. Years completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major	F. Minor

List any Foreign Language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable list the school or personal references who are not related to you.

Name	Telephone	Years Known

List Professional, Trade, Business, or Civic associations and any other offices held. (Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List any accomplishments, publications, awards. (Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.



It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on basis prohibited by local, state, or federal law.

This application is current for six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances on the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for accommodation that would be required by the ADA.

City of Madison, Georgia maintains a Drug Free Workplace Policy and applicants may be subject to drug and alcohol testing.

With your consent, the City of Madison may conduct a criminal history background check on you.

Signature of Applicant: _____ Date: _____