



TOWN OF TURIN

47 Turin Road

P.O. Box 86

Turin, Georgia

(770)599-0777

Fax (770-599-0775

Application for Employment

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran's status, or any other legally protected status.

Applying for: Full Time Part Time Seasonal Date _____

Position(s) Applied For: _____

Please read and complete all statements and questions contained in this application. Please write legibly. You may use the back of the application if more space is needed. Information submitted will be used to consider your qualifications and background for the position for which you apply. This application will become part of your confidential personnel record if employed. This application will be active for a period of 6 months from the date of your signature.

PERSONAL INFORMATION

Name _____

FIRST

INITIAL

LAST

Address _____

STREET

CITY

STATE

ZIP

Social Security Number _____

Home phone number _____ Cell phone number _____

Other _____ (If this is a message number please include the name of the person who resides at this residence)

Are you legally eligible to work in the United States? Yes No Are you age 18 or older? Yes No

How did you hear about the job opening for which you are applying? Newspaper Department of Labor
 Relative, Friend, Current Employee Other _____

Have you applied for employment with the City in the past 6 months? Yes No

List relatives or friends employed by the City _____

Have you ever been employed by the City? Yes No If Yes, please complete the following:

Dates employed _____ to _____ Position _____

Department _____ Supervisor _____

Reason for termination of employment _____

If hired, when can you report to work? _____

If hired, would you be able to work overtime when necessary? Yes No

Do you have any future personal appointments or commitments to other employers, which may affect your being employed by the City? Yes No If yes, explain _____

What salary do you expect (approximate)? _____

Some jobs may require travel, can you travel on daytrips for training, overnight for trainings, on an ongoing basis as part of the job?

Do you have a current driver's license issued by the State of Georgia? Yes No

If you are applying for a position of which requires driving a motor vehicle, list all traffic violations which resulted in a conviction and all at fault traffic accidents for the past 5 years

Have you ever been convicted of a crime, excluding misdemeanors? Yes No

Do you have any criminal charges pending at this time? Yes No

If you checked yes to either of the above, please describe in full _____

The above declaration may exclude traffic fines of \$200 or less;

- ✓ Any offense, committed before the current of prospective employee's 18th birthday which was finally adjudicated in family court under a youth offender law;
- ✓ Any conviction the record of which has been expunged under Federal or State law; and
- ✓ Any conviction set aside under the Federal Youth Corrections Act or similar State City.

(Applicant, please note that a conviction of a crime is not an automatic bar to employment. - All circumstances will be considered.)

MILITARY SERVICE

Have you ever served in the United States armed forces? Yes No Branch _____

Dates of duty: from _____ to _____ Rank at discharge _____

Have you received a description of the job or been made aware of the essential functions of the job for which you are applying? Yes No

Do you understand the job requirements? Yes No (If no, please explain)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected class.

1. EMPLOYER _____
 ADDRESS _____
 SUPERVISOR _____ TYPE OF BUSINESS _____
 PHONE _____ PERIOD OF EMPLOYMENT (Month - Year) FROM _____ TO _____
 JOB DUTIES _____
 REASON FOR LEAVING _____ POSITION HELD _____
 ENDING SALARY _____ May we contact this employer? Yes No

2. EMPLOYER _____

ADDRESS _____
SUPERVISOR _____ TYPE OF BUSINESS _____
PHONE _____ PERIOD OF EMPLOYMENT (Month - Year) FROM _____ TO _____
JOB DUTIES _____

REASON FOR LEAVING _____ POSITION HELD _____
ENDING SALARY _____ May we contact this employer? Yes No

3. EMPLOYER _____

ADDRESS _____
SUPERVISOR _____ TYPE OF BUSINESS _____
PHONE _____ PERIOD OF EMPLOYMENT (Month - Year) FROM _____ TO _____
JOB DUTIES _____

REASON FOR LEAVING _____ POSITION HELD _____
ENDING SALARY _____ May we contact this employer? Yes No

4. EMPLOYER _____

ADDRESS _____
SUPERVISOR _____ TYPE OF BUSINESS _____
PHONE _____ PERIOD OF EMPLOYMENT (Month - Year) FROM _____ TO _____
JOB DUTIES _____

REASON FOR LEAVING _____ POSITION HELD _____
ENDING SALARY _____ May we contact this employer? Yes No

Please explain any period of time longer than 6 consecutive months in which you were not employed. _____

Have you ever been discharged or ask to resign from a job? Yes No If yes, please explain the circumstances surrounding the discharge. _____

EDUCATION AND SKILLS

Give a record of all High Schools, Colleges, Universities and Special Schools you have attended.

NAME OF HIGH SCHOOL _____
ADDRESS _____
GRADE COMPLETED _____

High School Diploma or GED Awarded Yes No _____

NAME OF COLLEGE or UNIVERSITY from which you were awarded a degree
ADDRESS _____
Major Course of Study _____
Years attended _____
List the Degree Awarded _____

NAME OF COLLEGE or UNIVERSITY _____
ADDRESS _____
Major Course of Study _____
Years attended _____
Degree Awarded Yes No List the Degree Awarded _____

If you have attended more than 2 colleges/universities list on back of this form.

SPECIAL TRAINING, SKILLS, OTHER CERTIFICATIONS, or LICENSES

(Examples: Commercial Drivers License - CDL, Certified Mechanic, Class __ Water/Wastewater Treatment Plant Operator, Code Enforcement, Building Inspector, Firefighter, Police or Protective Service Trainings and Certifications, Certified Public Accountant - CPA, Certified in First Aide or CPR trained, etc.)

SPECIALIZED TRAINING OR CERTIFICATIONS

Certified in CPR/First Aide Yes No Date this Certification Expires _____

SPECIAL LICENSES

Georgia CDL Drivers License Yes No GA CDL License Expiration Date _____, Endorsement _____

SPECIALIZED SKILLS

Office Equipment Check if you can operate or do any of the following: Calculator Transcriber
Typewriter (Electric) _____ NET WPM _____

Personal Computer Word Processing Spreadsheet Software Programs

List software used and or any computer programs operated

Industrial Equipment

List the vehicles, machinery, or equipment that you can operate: Truck(s) _____

Tractors _____ Backhoe Mowers _____ Weed-eater

Crane(s) _____

Jack-hammer

Street Sweeper

Others not listed above _____

List all tools you can use:

Other

Please list all foreign languages which you can read, speak or write and indicate your skill level as either fluent, good, or fair.

Please use this last section to summarize special job related skills and qualifications acquired from employment or other experiences which may relate to the position applied for:

Please list professional, trade, business, or civic activities and offices held (you may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protective status):

OTHER REFERENCES

REFERENCES (Other than previous employer references above). Give the names and addresses of persons who know you (not relatives). The references given will be contacted unless we are notified by you not to contact.

Name _____
 Address _____
 Phone # _____
 Relationship _____ Years Known _____

Name _____
 Address _____
 Phone # _____
 Relationship _____ Years Known _____

Name _____
 Address _____
 Phone # _____
 Relationship _____ Years Known _____

APPLICANTS STATEMENT

PLEASE READ VERY CAREFULLY BEFORE SIGNING

In making this application for employment I certify that the answers and information given herein are true and complete.

I authorize The **TOWN OF TURIN** to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize you to communicate with persons listed as references, former employers, and any

others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the City. I understand this decision is to rest with the City.

If employed, I agree to hold in strictest confidence any information concerning the City, its clients, records, and its representatives which may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the City, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the City or myself. I understand that no representative of the City, other than the City Administrator, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that completion of this Application for Employment does not guarantee that I have been employed by this City. I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in this employment application may result in my not being considered for employment, and if not discovered by the City until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the **TOWN OF TURIN** complies with the Drug-free Workplace Act of 1988, and requires that all applicants selected for employment pass a pre-employment drug and/or a blood alcohol test as a condition of employment, either prior to employment, or at any time during employment.

By submitting this Application for Employment, I hereby consent to either or both of said tests, at the City's discretion and I consent to the release of the results from any such test or examination to the City.

Further, I understand that the City requires the completion of an Initial Criminal Investigative Report prior to employment and for certain positions also requires an extensive Fingerprint Criminal Investigative Report after I am hired. By submitting this application for employment I consent to all required Criminal Investigative Reports. I realize that failure to disclose any prior arrest will be grounds for disqualification from employment.

I understand that if chosen for a position which requires driving an City vehicle, I will be required to submit a valid Motor Vehicles report and that as an ongoing condition of employment I must maintain a clear Motor Vehicles Report.

I realize that information received from the drug test, the initial criminal background check, the motor vehicles report may be used as a basis to disqualify me from further consideration for employment.

Applicant's Signature

Date

Ref Chk _____	DS _____	CBC _____	DOIntv. _____	Job Class _____	Hrs ch. _____
Pay /Hrly _____	/Annual _____		DOH _____		Orient. _____
Flex Eligible Date _____			Ret. Plan Eligible Date _____	GA New	
Hire _____					

Applicant Data Record

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

(PLEASE PRINT)

Position(s) Applied for _____

Date _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Sex: Male Female

Race/Ethnic Group:

American Indian or Alaskan Native - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Hispanic or Latino (All races) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Hispanic or Latino (White race only) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

Hispanic or Latino (all other races) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

Race missing or unknown - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Check if any of the following are applicable:

Vietnam Era Veteran Veteran

Where did you learn of this job opening?

Advertisement Friend Relative Walk-In Employment Agency Other