

City of Fitzgerald

302 East Central Avenue
Fitzgerald, GA 31750
(229) 426-5060

APPLICATION FOR EMPLOYMENT

The City of Fitzgerald is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

General Information

Name (Last)	(First)	(Middle)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip Code)
Address (Street Address) (if different from above)		E-Mail Address	
Social Security Number	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Position

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer	Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18, how old are you? _____
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Salary Desired	Date Available to Start		

Education and Training

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed: _____				
College, Business School, Military (Most recent first)				
Name and Address	Dates Attended	Graduate	Degree & Year	Major or Subject
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
Languages Read, Written or Spoken Fluently Other Than English?				

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your means of transportation to work? _____	
Driver's License Number _____	State of Issue _____
Expiration Date _____	If not Georgia, when do you expect to get transferred? _____
Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____

Work Experience (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title		# of Hours per week
Specific Duties		Last Salary
Reason for Leaving		Supervisor
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title		# of Hours per week
Specific Duties		Last Salary
Reason for Leaving		Supervisor
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title		# of Hours per week
Specific Duties		Last Salary
Reason for Leaving		Supervisor
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title		# of Hours per week
Specific Duties		Last Salary
Reason for Leaving		Supervisor
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Skills (Check things you can operate...)

(Check things you are physically able to do...)

<input type="checkbox"/> Hand Tools (shovels, limb trimmers, wrenches, etc.)	<input type="checkbox"/> Automatic Vehicle	<input type="checkbox"/> Work at a computer or type writer most of the day
<input type="checkbox"/> Air Tools	<input type="checkbox"/> Standard Shift Vehicle	<input type="checkbox"/> Grip, Grasp and Twist using your hands and wrists
<input type="checkbox"/> Weed eater	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Stand for long periods of time
<input type="checkbox"/> Lawn Mower	<input type="checkbox"/> Motor grader	<input type="checkbox"/> Lift and/or carry up to 25lbs. regularly
<input type="checkbox"/> Zero-turn Lawn Mower	<input type="checkbox"/> Sweeper	<input type="checkbox"/> Climb stairs with loads up to 25lbs. regularly
<input type="checkbox"/> Chain Saw	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Reach over your head with 10-25lbs. regularly
<input type="checkbox"/> Trencher	<input type="checkbox"/> Track hoe	<input type="checkbox"/> Climb ladders
<input type="checkbox"/> Drill Press	<input type="checkbox"/> Skid Steer	<input type="checkbox"/> Get up and down off of trucks regularly
<input type="checkbox"/> Welder	<input type="checkbox"/> Computers	<input type="checkbox"/> Change oil
<input type="checkbox"/> Cutting Torch	<input type="checkbox"/> Windows	<input type="checkbox"/> Change tire
<input type="checkbox"/> Tractor	<input type="checkbox"/> Word	<input type="checkbox"/> Grease equipment
	<input type="checkbox"/> Excel	<input type="checkbox"/> Understand hazard communication and safety information

Two References (no relatives or previous employers)

Name: _____

Address: _____

City: _____ State: Zip Code: Phone Number: () _____

Name: _____

Address: _____

City: _____ State: Zip Code: Phone Number: () _____

Have you ever applied to or worked for the City of Fitzgerald? Yes No

If yes, please explain and include dates: _____

Do you have any friends, relatives, or acquaintances working for the City of Fitzgerald? Yes No

If yes, state name and relationship: _____

If hired, are you willing to submit to and pass a controlled substance test? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case: _____

In case of an Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: Zip Code: Phone Number: () _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: Zip Code: Phone Number: () _____

Did you complete this application yourself? Yes No

If not, who did? _____

Application Disclosure Statement:

I hereby declare that all statements contained in this application are true and correct to the best of my knowledge and I understand that false or inaccurate information in the application will be the basis for termination. I hereby authorize this company to investigate my background and verify this information. I understand my failure to report to work will indicate that I have quit. My signature gives this company the authorization to check the references I have given.

Signature of Applicant

Print Name

Date / /