



P.O. Box 980/112 South Railroad Avenue
 Twin City, GA 30471
 Phone: (478) 763-2695
 Fax: (478) 763-3727

APPLICATION FOR EMPLOYMENT

The City of Twin City is an Equal Opportunity Employer. All applicants shall be assured of fair and equitable treatment in all terms and conditions of employment, including hiring, training, promotion, and disciplinary action, without regard to political affiliation, race, color, national origin, sex, sexual orientation, age, marital status, disability, military status, or religious creed and with proper regard for their privacy and constitutional rights as citizens.

Please read the entire application and complete by printing in ink. This application must be accurately completed in its entirety and is subject to verification before any offer of employment may be considered. It is the applicant's responsibility to notify the Human Resources Department of any changes to the information provided in this application.

PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Social Security Number (optional)		Home Phone () ()	Alternate Phone () ()	
Street Address				
City		State	Zip Code	
Do you possess a valid Georgia Driver's License? () Yes () No		Are you at least 18 years of age? () Yes () No		
Are you authorized to work in the United States? () Yes () No		Position applied For		
Wage/Salary Expected:		Date available for work:		
Has the City of Twin City previously employed you? () Yes () No If so, please list dates of employment and position held:				

EDUCATIONAL BACKGROUND

	Name and Location of School (City and State)	Number of Years Completed	Major or Course of Study	Diploma/Degree or Certificate Earned
High School				
Vocational School				
College or University				
Other Training or Degrees				

OTHER RELEVANT COURSES OR MILITARY TRAINING

Course Title	Length of Course	Certificate Received

PROFESSIONAL LICENSE(S) OR CERTIFICATIONS

Type of License or Certificate Held
Type of License or Certificate Held
Type of License or Certificate Held

PROFESSIONAL MEMBERSHIPS

Type of Membership	Expiration Date
Type of Membership	Expiration Date

OFFICE AUTOMATION SKILLS

Microsoft Office: (please check all that apply)					
Word	Excel	Outlook	PowerPoint	Access	Publisher
Typing (wpm)	Other Software Skills				

EMPLOYMENT HISTORY

Please provide the following information about your current and past employer(s). Start with the most recent employer. Experience obtained over ten years ago that is relevant to the position you are applying must be included in your work history summary. Attach additional sheet(s) if necessary. You may include a resume with this application, but **all information on the application must be completed. DO NOT STATE "SEE RESUME"**. Use the space provided on the last page to account for any periods of unemployment of one month or more.

Employer	From (Month/Year)	To (Month/Year)
Address		
Supervisor	Title	Telephone Number, Ext.
Starting Position	Starting Base Pay	
Last Position	Final Base Pay	
Description of duties:		
Reason for leaving:		
Employer	From (Month/Year)	To (Month/Year)
Address		
Supervisor	Title	Telephone Number, Ext.
Starting Position	Starting Base Pay	
Last Position	Final Base Pay	
Description of duties:		
Reason for leaving:		

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REFERENCES

List four professional references who are not related to you and who would have knowledge of your qualifications for the position in which you are applying.

Name: _____

Occupation: _____ Phone Number: ()

Organization: _____ Location: _____

Email Address:

Name: _____

Occupation: _____ Phone Number: ()

Organization: _____ Location: _____

Email Address:

Name: _____

Occupation: _____ Phone Number: ()

Organization: _____ Location: _____

Email Address:

Name: _____

Occupation: _____ Phone Number: ()

Organization: _____ Location: _____

Address:

ADDITIONAL SPACE

Please enter information in this space for any items on this form requiring further explanation or to list other special skills, additional experience, periods of time not worked or certifications relevant to the position.

Permission is granted to the City of Twin City to conduct an appropriate criminal background check and investigation to solicit information as to my educational and employment history, character and general reputation. Any applicant who refuses to furnish such authorizations and releases as prescribed by the City and which are necessary to allow a full examination of his or her criminal history shall not be considered for employment. A criminal record will not necessarily exclude you from employment but will be considered consistent with any applicable state or federal law. Factors such as age at the time of the offense, rehabilitation efforts, recency and seriousness of the crime will be taken into account. The relationship between the offense and the job applied for will also be weighed.

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements will constitute grounds for not being considered for appointment, or if appointed, for discharge.

I acknowledge reading and understanding the foregoing statements.

SIGNATURE

DATE
