



## APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS WITHOUT REGARDS TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Applied For		Date of Application:	
Last Name	First Name	Middle Name	
Address:		Phone Number:	
Email Address:			
Have you ever filed an application with us before?		Yes	No
Have you ever been employed with us before?		Yes	No
Are you currently employed?		Yes	No
May we contact your present employer?		Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.		Yes	No
Are you available to work: Full Time Part Time Shift Work			
Are you currently on "lay-off" status and subject to recall?			
Are you related to anyone currently employed by the City of Tifton?		Yes	No
If so, Who and what department does he or she work with?			
If you are under 18 years of age, can you provide required proof of your eligibility to work?		Yes	No

## Education

	High School	Undergraduate College/University	Graduate/Professional
School Name			
Years Completed			
Diploma/Degree			

Can you speak, read, and/or write a foreign language other than English? If yes, what language.	Yes	No
Have you ever had any job-related training in the United States Military?	Yes	No
Are you physically or otherwise unable to perform the duties of the job for which you are applying?	Yes	No
Do you have a valid Georgia Driver's License?	Yes	No
Do you have a Georgia CDL? If yes, what is the classification		

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.
1. _____
2. _____
3. _____

# 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, handicap or other protected status.

<b>1. Employer</b>	Dates Employed	Hourly Rate/Salary	Work Performed
Address	Start:	Start:	
Telephone Number	End:	End:	
Reason for Leaving			
<b>2. Employer</b>	Dates Employed	Hourly Rate/Salary	Work Performed
Address	Start:	Start:	
Telephone Number	End:	End:	
Reason for Leaving			
<b>3. Employer</b>	Dates Employed	Hourly Rate/Salary	Work Performed
Address	Start:	Start:	
Telephone Number	End:	End:	
Reason for Leaving			
<b>4. Employer</b>	Dates Employed	Hourly Rate/Salary	Work Performed
Address	Start:	Start:	
Telephone Number	End:	End:	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# APPLICANT STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that Pre-Employment Drug Testing is required to become employed for the City of Tifton. I understand, also, that I am required to abide by all rules and regulations of the employer. I further understand that my signature below indicates that if I am hired by the City of Tifton, I give consent for direct deposit within the time period allowed to me, according to the City’s Policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_  
 Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title \_\_\_\_\_