



PO Box 350  
Blakely, GA 39823

Read the job announcement carefully. Information must be complete so that all applications can be given equitable consideration. All qualified applications will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. The City of Blakely will hire only authorized workers regardless of national origin. This application must be typed or hand printed. You must sign and date your application in ink. Please complete one application for each position for which you apply. Applications will only be accepted for posted positions.

PERSONAL DATA			
Position Desired	Salary Required	Today's Date	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Telephone	Business Telephone	Other	
Email Address:			
Will You Accept Temporary Work? ____		Part Time Work ____	
Shift Work? ____		Weekend/Holiday? ____	
Are You Over 18 Years Old?		Yes	No
Are You Legally Eligible To Work In The U.S.		Yes	No
(Note: If Offered Employment You Will Be Required To Provide Documentation To Verify Employment Eligibility. Failure To Provide The Requested Documentation May Result In A Determination That The Applicant Is Ineligible For Employment In The United States. )			
Are You Currently Employed By The City Of Blakely?		Yes	No
Have You Ever Been Employed By The City Of Blakely?		Yes	No
If Yes When And Where.			
Do You Have Any Relatives Who Are Employed By The City Of Blakely?		Yes	No
If Yes Give Name And Relationship.			
Do You Have A Valid Drivers License?		Yes	No
License #	Class	State	
Have You Had Any Traffic Violations In The Past 3 Years?		Yes	No
Please Indicate Type Of Offense And Dates			

Have You Ever Been Charged With A Felony Or Misdemeanor Where Disposition Was A Conviction, A Plea Of Nolo Contendere (No Contest), Or First Offender Treatment		Yes	No
If Yes Describe Circumstances.			
Note: A Criminal Conviction Will Not Necessarily Be A Bar To Consideration For Employment. The Disclosure Of A Misdemeanor Conviction Will Not Automatically Result In Disqualification. Criminal Histories Will Be Submitted To The National Crime Information Center (NCIC) For Verification. Failure To Disclose A Conviction May Be Considered Grounds For Disqualification. Applicants Should Be Careful To Disclose All Criminal Convictions In The Space Above.			
Have You Ever Been Asked To Resign From Any Job?		Yes	No
If Yes Explain In Detail.			
<b>Education</b>			
Are You A High School Graduate?		Yes	No
If No, Highest Grade Completed		10	11 12
School	Name & Location	Major Course Of Study	Degree Received
High			Yes No
College			Yes No
Graduate			Yes No
<b>Additional Education</b>			
Describe Special Vocational Or Business Courses You Have Taken Which Relates To The Job For Which You Are Applying.			
Business/Technical	Degree	Yes No	Course Of Study
	Certificate	Yes No	Course Of Study
List All Licenses, Special Qualifications Or Skills (Including Language Skills, Typing Skills, And Business Equipment Or Machine Operating Skills) Which Relate To The Job For Which You Are Applying.			

**Work History**

You May Attach A Resume In Lieu Of Completing This Work History. Describe Your Work History Beginning With Your Current Or Most Recent Job. Include Military, Unpaid Experience And Periods Of Unemployment. Failure To Give Complete Information Regarding Each Job Held May Result In Your Disqualification. Complete Addresses With Zip Codes And Phone Numbers For All Employers Are Necessary. If More Space Is Needed Please Attach Separate Sheet Or Write Information On The Back Of This Sheet.

Name Of Organization Or Firm

Address City State Zip Code

Telephone Number Employed From To

Official Job Title Supervisor's Name Total Time Employed

Hours Worked Per Week Beginning Salary Ending Salary

Specific Job Duties

Specific Reason For Leaving

Name Of Organization Or Firm

Address City State Zip Code

Telephone Number Employed From To

Official Job Title Supervisor's Name Total Time Employed

Hours Worked Per Week Beginning Salary Ending Salary

Specific Job Duties

Specific Reason For Leaving

Name Of Organization Or Firm

Address City State Zip Code

Telephone Number Employed From To

Official Job Title	Supervisor's Name	Total Time Employed
Hours Worked Per Week	Beginning Salary	Ending Salary
Specific Job Duties		
Specific Reason For Leaving		
Name Of Organization Or Firm		
Address	City	State Zip Code
Telephone Number	Employed From	To
Official Job Title	Supervisor's Name	Total Time Employed
Hours Worked Per Week	Beginning Salary	Ending Salary
Specific Job Duties		
Specific Reason For Leaving		
<b>Applicant's Certification And Agreement</b>		
I Certify That The Facts Set Forth In This Application For Employment Are True And Complete To The Best Of My Knowledge. I Understand That If I Am Employed False Statements On This Application Shall Be Considered A Sufficient Cause For Dismissal. The City Is Hereby Authorized To Make Any Investigation Of My Prior Educational, Work And Criminal Histories.		
<b>Authorization To Release Information</b>		
I Have Made Application For Employment With The City Of Blakely. I Authorize My Former Employers To Give Any Information Regarding My Employment And/Or Any Information They Have Regarding Me, Whether Or Not It Is On Their Records. I Herby Release Them From Any Damage Whatsoever For Issuing Same.		
May We Contact You Present Employer?		Yes No
You Must Sign The Authorization To Release Information Form To Enable Us To Contact Prior Employers, Even Though We May Not Contact Your Present Employer.		
Date	Signature	