

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. You must sign and date your application in ink. Please complete one application for each position for which

you apply. Applications will only be ac		SONAL DATA				
	FER	SONAL DATA				
Position Desired	Salary Red	quired		Today's l	Date	
Last Name	First Name	2	N	Iiddle Nan	ne	
Address	City	Sta	ate	Zip C	ode	
Home Telephone	Business	Γelephone		Other		
Email Address:	_					
Will You Accept Temporary Work Shift Work?	ς?	Part Time Weekend				
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 eligibility. Failure to provide the rapplicant is ineligible for employment.)	equested do	cumentation may				
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 Relationsh	ip.					
Do You Have A Valid Drivers Lic	ense?				Yes	No
License #		Class			State	
Have You Had Any Traffic Violat	ions In The	Past 3 Years?			Yes	No
Please Indicate Type Of Offense A	and Dates					
Have You Ever Been Charged With A Felony Or Misdemeanor Where Disposition Was Yes No						
A Conviction, A Plea Of Nolo Con						



	. ~.							
If Yes Descri	be Circumstances.							
Note: A crim	inal conviction will r	not necessarily b	e a bar	to conside	erati	ion for employme	nt. The	
	a misdemeanor convi							
	be submitted to the N							ure to
disclose a cor	viction may be consi	dered grounds for	or disq	ualificatio	n. A	Applicants should	be carefu	1 to
	riminal convictions in							
Have You Ev	er Been Asked To Re	esign From Any	Job?				Yes 1	No
If Yes Explai	n In Detail.							
•								
		Ed	ıcatior					
		Eut	icatioi	ı				
Are You A High School Graduate?				Y	Yes No			
If No, Highes	est Grade Completed			10 11 12				
School	Name & Location				M	ajor Course Of	Degree	
					St	udy	Received	1
High						Yes No)	
College						Yes No)	
Graduate						Yes No		
Graduate							res IN)
		Addition	al Edu	cation				
Danasilas Cas	sial Wasstian al On Da	i C	II	T-1	XX 71	ich Deletes To Ti	ha Iah Da	
	cial Vocational Or Bu	isiness Courses	You H	ave Taken	wi	nich Relates 10 1	ne Job Fo	r
Which You A	are Applying.							
Business/Tec	Technical Degree Yes No			Course Of Study				
Certificate Yes No			No	Course Of Study				
List all licens	es, special qualificati	ons or skills (inc	luding	language	skil	ls, typing skills, a	nd busine	SS
equipment or	machine operating sk	kills) which relat	e to the	e job for w	vhic	h you are applyin	g.	



Work History

current or most recent job. Include r	nilitary, unpaid experience and period	e your work history beginning with your ds of unemployment. Failure to give fication. If more space is needed please
Address	City	State Zip Code
Telephone Number	Employed From	То
Official Job Title	Supervisor's Name	Total Time Employed
Official Job Title	Supervisor's Ivame	Total Time Employed
Hours Worked Per Week	Beginning Salary	Ending Salary
Specific Job Duties		
Specific 300 Duties		
Specific Reason For Leaving		
Specific Reason For Leaving		
Name Of Organization Or Firm		
Name Of Organization Or Firm		
<u> </u>	City	State Zin Code
Name Of Organization Or Firm Address	City	State Zip Code
Address		
<u> </u>	City Employed From	State Zip Code
Address		
Address Telephone Number Official Job Title	Employed From Supervisor's Name	To Total Time Employed
Address Telephone Number	Employed From	То
Address Telephone Number Official Job Title	Employed From Supervisor's Name	To Total Time Employed
Address Telephone Number Official Job Title Hours Worked Per Week	Employed From Supervisor's Name	To Total Time Employed
Address Telephone Number Official Job Title Hours Worked Per Week	Employed From Supervisor's Name	To Total Time Employed
Address Telephone Number Official Job Title Hours Worked Per Week	Employed From Supervisor's Name	To Total Time Employed
Address Telephone Number Official Job Title Hours Worked Per Week Specific Job Duties	Employed From Supervisor's Name	To Total Time Employed
Address Telephone Number Official Job Title Hours Worked Per Week Specific Job Duties	Employed From Supervisor's Name	To Total Time Employed
Address Telephone Number Official Job Title Hours Worked Per Week Specific Job Duties	Employed From Supervisor's Name	To Total Time Employed



	HOMINGE 1053				
Address	City	State	Zip Code		
Telephone Number	Employed From	То			
Official Job Title	Supervisor's Name	Total Time I	Employed		
Hours Worked Per Week	Beginning Salary	Ending Salar	ry		
Specific Job Duties		<u> </u>			
Specific Reason For Leaving					
Name Of Organization Or Fire	n				
Address	City	State	Zip Code		
Telephone Number	Employed From	То			
Official Job Title	Supervisor's Name	Total Time I	Total Time Employed		
Hours Worked Per Week	Beginning Salary	Ending Sala	ry		
Specific Job Duties					
•					
Specific Reason For Leaving					
	Applicant's Certification And	d Agreement			
I certify that the facts set forth in	his application for employment ar	e true and complete to the	best of my		
knowledge. I understand that if I cause for dismissal. The City is h	am employed false statements on t	this application shall be co	onsidered a sufficient		
cause for dismissal. The City is n criminal histories.	ereby addiorized to make any inve	sugation of my prior educ	cauonai, work and		
	Authorization To Release I	nformation			
I have made application for emplo					
information regarding my employ			ner or not it is on thei		
records. I hereby release them from May We Contact You Present		Yes	No		
You must sign the authorization					
	ct your present employer.	is simple up to contact p			



Special Notice For Public Safety Applicants

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16:34. Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16:30 through 16.33 or review the FBI website.

Date	Signature
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