

FOR OFFICE USE ONLY

Possible Work Location	Possible Positions

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Work Location: _____	Rate: _____
Position: _____	Date: _____

City of Toccoa
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL DATA

Name _____ Social Security No. _____
(Last) (First) (Middle)

Present Address _____
(No.) (Street) (City) (State) (Zip)

Telephone No. _____
(Area Code)

Are you legally eligible for employment in the USA? Yes No (If yes, verification will be required.)

Are you of the legal age to work? Yes No

Position applied for _____

Have you ever been employed by the City of Toccoa? Yes No

If yes, when and what position did you hold? _____

If your application is chosen, on what date will you be available for work? _____ 20____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

(Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

RECORD OF EDUCATION

(Check last year completed in high school or college)

SCHOOL	SCHOOL NAME & ADDRESS	COURSE OF STUDY	LAST YR. COMPLETED	DID YOU GRADUATE? (Y/N)	If No, GED? (Y/N)
High School			1 2 3 4		
College			1 2 3 4		
Other (specify)			1 2 3 4		

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number

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RESUME

(List below present and past employment, beginning with your most recent.)

Name & Address of Company/Type of Business	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held: _____						
Phone # _____						

Name & Address of Company/Type of Business	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held: _____						
Phone # _____						

Name & Address of Company/Type of Business	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held: _____						
Phone # _____						

Name & Address of Company/Type of Business	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Describe below the work you did:						
Position Held: _____						
Phone # _____						

I hereby give permission to contact the employers listed above concerning my prior work employment and experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). Why? _____

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? _____

CONSENT FORM

I hereby authorize The City of Toccoa to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Address

Sex

Race

DOB

SSN

Signature

Notary

Date

Purpose Code

