

# Employment Application

## Town of Georgia

### GENERAL INFORMATION:

(Please print)

Date of Application: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

What led you to apply for a position with the Town of Georgia?

Newspaper Advertisement: \_\_\_\_\_; Referred by an employee of the town: \_\_\_\_\_ If yes, by whom? \_\_\_\_\_; Job Fair \_\_\_\_\_; Other \_\_\_\_\_

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (M.I.) (First)

Address: \_\_\_\_\_  
(Street or Post Office Box #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ E-Mail Address (optional): \_\_\_\_\_

### EDUCATION:

High School: \_\_\_\_\_ Grade completed: \_\_\_\_\_  
(Name of School)

Vocational: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_  
(Name of School)

University/College: \_\_\_\_\_ Year completed 1 2 3 4  
(Name of School)

Diploma/Degree: \_\_\_\_\_

Licenses/Certifications: \_\_\_\_\_

**Continued On Reverse Side**

**Employment History** (Begin with most recent employer):

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Last position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Last position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Last position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES:**

Please list three (3) references (not related to you) that are familiar with you through previous employment or other associations.

Name: \_\_\_\_\_, Association: \_\_\_\_\_, Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_, Association: \_\_\_\_\_, Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_, Association: \_\_\_\_\_, Phone: ( ) \_\_\_\_\_

I hereby state that the information I have provided on this application is true and accurate to the best of my knowledge. I authorize the verification of any or all of the information and any inquiries permissible by law to determine my suitability for employment. Further, I understand that should the Town of Georgia, or its affiliate, employ me, I am entering an At-Will Employment relationship and may resign or be terminated at any time with or without cause or reason and with or without prior notice.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resume: Mailed previously** \_\_\_\_\_, **Attached** \_\_\_\_\_, **Will be forwarded** \_\_\_\_\_