

EMPLOYMENT APPLICATION

HUMAN RESOURCES

837 Highway 76 W, Clayton, GA 30525 Phone (706) 782-4512 | Fax (706) 782-4596

APPLICANT INFORMATION							
Name:			Date:				
Last Address:	First		M.I.				
Phone:			Apt/Unit # Email:				
		Former 1	Former Employee? □Yes □No				
Are you related to past/present employees or elected officials of City of Clayton? □Yes □No							
If yes, name(s) and relationship(s):							
Position Applied For:							
Are you a U.S. citizen? □Yes □No		If no, au	If no, authorized to work in U.S.? \Box Yes \Box No				
Have you ever been convicted for violating any law? □Yes □No							
If yes, please explain:							
Possess a valid driver's license? □Yes □No G			Good driving record? □Yes □No				
Driver's license No.		Class/Er	Class/Endorsements:				
EDUCATION							
School Name/Location	From	То	Diploma/Degree Awarded				
High School	110111	10	Diploma Degree Tivarded				
College							
Other							
SPECIAL SKILLS & ABILITIES							
Use this space for comments about your special skills and abilities. (example: U.S. military, apprenticeships, certifications, experience, etc.)							



Signature

EMPLOYMENT APPLICATION

EMPLOYMENT HIST	_	T 1 (T)' (1	D C I	. 14				
Employer Name, Address, Phone Number	Dates Month/Year	Job Title	Reason for Leavi	ing May we contact?				
Name, Address, Phone Number	Month/ i ear			□Yes □No				
Name, Address, Phone Number	Month/Year			□Yes □No				
Name, Address, Phone Number	Month/Year			X7				
				□Yes □No				
DEFEDENCE								
REFERENCES Name	Address		Phone	Relationship				
Name	Address		Thone	Relationship				
]							
ACKNOWLEDGEMENT								
PLEASE READ THIS IMPORTANT INFORMATION BELOW. ASK FOR CLARIFICATION IF NEEDED.								
The undersigned has applied for employment with the City of Clayton and hereby authorizes the City of Clayton to contact my current and former employers and references for the purpose of acquiring information regarding								
me; I hereby authorize such employers and references to supply such information verbally or in writing to the								
City of Clayton. In consideration for their furnishing such information, I hereby waive any and all claims against								
such former employers and references which may arise from their furnishing such information. I understand the								
City of Clayton is a Drug Free Workplace and may require drug testing. I agree to comply with applicable City of								
Clayton policy. I understand that once offered a position, I may be required to complete a medical evaluation,								
drug screening, and/or a physical examination as a condition of continued employment. I certify that all answers given by me to all questions on this application are to the best of my knowledge, true, and correct. I further affirm								
that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for								
employment, and I understand that any misleading or incorrect statement may render this application void and								
would be cause for dismissal, if employed. All fields on the application must be answered fully in order to be								
considered for employment. Applications are active for 90 days unless otherwise notified.								
I AGREE THAT IF HIRED, THE CITY OF CLAYTON OR I MAY TERMINATE MY EMPLOYMENT AT								
ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO CITY POLICY, PRACTICE,								
PROCEDURE, OR STATEMENT BY ANY CITY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-								
WILL EMPLOYMENT RELATIONSHIP. I HAVE READ AND UNDERSTAND THE ABOVE								
STATEMENTS:								
Print Name								

Date