



City of Elberton

General Employment Application

Human Resources
 203 Elbert Street
 P. O. Box 70
 Elberton, GA 30635
 706-213-3100 Phone
 706-213-3125 Fax
www.cityofelberton.net
cchurney@cityofelberton.net

The City of Elberton is an Equal Opportunity Employer, maintains a Drug Free Workplace and complies with ADA Guidelines. In order to receive consideration for employment with the City, this application must be completed **in full**, signed and dated. Answer all questions, indicating *N/A* if not applicable. Resumes will not be accepted in lieu of a completed application; however, may be attached. This application will remain active for 12 months.

Position Desired: _____ Date of Application: _____

 Last Name First Middle

 Street Address City State Zip

 Home Phone Work Phone Cell Phone

Do you currently have a valid Driver's License? No Yes, what state _____

Have you ever worked for the City of Elberton? No Yes, list date and position _____

List relatives who are employed by the City of Elberton:

NAME	RELATIONSHIP	DEPARTMENT

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? No Yes, describe _____

PERSONAL REFERENCES *(Do not list former employers or relatives)*

NAME	OCCUPATION	CONTACT NUMBER

EDUCATION AND TRAINING

SCHOOL	NAME & LOCATION	MAJOR STUDIES	LIST DEGREE OBTAINED, If applicable	
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College/University/ Technical School				
Other				
Other Job Related LICENSES/CERTIFICATIONS		DATE ISSUED	IS IT CURRENT?	LICENSING AGENCY
<input type="checkbox"/> CDL <input type="checkbox"/> Work Ready Permit				
<input type="checkbox"/> Other, describe:				

Work History: Describe your work history during the past 5 years beginning with your current or most recent employer. Include military and volunteer experiences. Failure to give complete information regarding each job held may result in your disqualification. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

EMPLOYER	DATES EMPLOYED		DUTIES PERFORMED
ADDRESS	FROM	TO	
TELEPHONE			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			
EMPLOYER	DATES EMPLOYED		DUTIES PERFORMED
ADDRESS	FROM	TO	
TELEPHONE			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			
EMPLOYER	DATES EMPLOYED		DUTIES PERFORMED
ADDRESS	FROM	TO	
TELEPHONE			
JOB TITLE	HOURLY RATE/SALARY		
SUPERVISOR	START	FINAL	
REASON FOR LEAVING			

APPLICANT’S CERTIFICATION AND AUTHORIZATION – read carefully before signing:

I certify that the answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that false or misleading information given in my application or interview(s) may result in disqualification or discharge if hired, and that I am required to abide by all rules and regulations of the City of Elberton upon hire. The City of Elberton is a Drug-Free Workplace and requires a drug screen after offer of employment.

Signature of applicant

Date signed