

203 ELBERT STREET • PO BOX 70 • ELBERTON, GA 30635-0070 (706) 213-3100 • cityofelberton.net

Return completed application in person to City Hall located at 203 Elbert Street, Elberton, Georgia 30635 or by mail at PO Box 70, Elberton, Georgia 30635.

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 <u>in full</u>, signed and dated. Answer all questions, indicating *N/A* if not applicable. Resumes <u>will not</u> 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	e a valid Driver's License? 🗆 N	o □ Yes, w	hat state	A		
Have you ever worke	d for the City of Elberton? \Box N	o □ Yes, li	st date and position	on	_/ \	
List relatives who are	employed by the City of Elbert	ton (if any):				
Name	ame Relationship				<u>Department</u>	
Have you ever been c the law? □ No □ Ye	convicted of an offense against s, describe			er charges for a	ny offense against	
PERSONAL REFERENCE	CES (Do not list former employe	ers or relativ	ves)			
<u>Name</u>	Employ	ver			Contact Number	
	[2					
EDUCATION AND TRA	AINING					
<u>School</u>	Name & Location	N	//ajor Studies	List	Degree obtained	
High School				□ D	iploma □ GED	
College/Tech School						



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Other Job Related License/Certifications	Date Issued	Is It Current	Licensing Agency				
□ CDL □ Work Ready Permit		□ Yes □ No					
□ Other, describe:		□ Yes □ No					
Work History: Describe your work history employer. Include military and volunteer emay result in your disqualification. A resuccepted in lieu of completing this section.	xperiences. Failur ume may be atta	e to give comple	te information regarding each job held				
EMPLOYER:	DATES	SEMPLOYED	DUTIES PERFORMED				
ADDRESS:	FROM	ТО					
TELEPHONE:			A .				
JOB TITLE:	HOURLY	RATE/SALARY					
SUPERVISOR:	START	FINAL					
REASON FOR LEAVING:			MAY WE CONTACT? □ Yes □ No				
EMPLOYER:	DATES	SEMPLOYED	DUTIES PERFORMED				
ADDRESS:	FROM	ТО					
TELEPHONE:							
JOB TITLE:	HOURLY	RATE/SALARY	111				
SUPERVISOR:	START	FINAL					
REASON FOR LEAVING:	- /		MAY WE CONTACT? □ Yes □ No				
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							