

College

Name and Location of most recent College/University/Technical School

Major Course of Study _____ Degree? Yes No

Semester/Qtr. Hours Completed _____ Degree? Yes No

Military Service

Branch of Service: _____

Dates Served: _____

Type of Discharge: _____

Employment History

Provide your employment history beginning with your present or most recent jobs. If you were self-employed, give firm name; include any military or volunteer work. Failure to give complete information regarding each job held may result in your disqualification. Complete address and phone numbers for all employers are required.

Employment #1

Dates employed (Month/Year) Company Name Company Phone #

Starting Salary _____ Ending Salary _____

Job Title _____ Company Address _____

Supervisor Name: _____

Duties and Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No

EMPLOYMENT #2

Dates employed (Month/Year) Company Name Company Phone #

Starting Salary _____ Ending Salary _____

Job Title _____ Company Address _____

Supervisor Name: _____

Duties and Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No

EMPLOYMENT #3

Dates employed (Month/Year) Company Name Company Phone #

Starting Salary _____ Ending Salary _____

Job Title _____ Company Address _____

Supervisor Name: _____

Duties and Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No

EMPLOYMENT #4

Dates employed (Month/Year) Company Name Company Phone #

Starting Salary _____ Ending Salary _____

Job Title _____ Company Address _____

Supervisor Name: _____

Duties and Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No

Driving History

Do you have a valid driver's license? Which State? Driver's License #:

Yes No

Date of Expiration: _____

Do you have a commercial license? Which State? Driver's License #:

Yes No

Date of Expiration: _____

Have you ever been denied vehicle insurance, or had insurance cancelled? Yes

No

Pre-Employment Drug Testing Acknowledgement

I hereby acknowledge and understand that as a part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the United States Department of Transportation, Federal Transit Administration. I acknowledge that any offer for employment is contingent on passing the aforementioned drug test.

Print Name

Signature

Date: _____

(Your application for employment will not be considered for employment unless this acknowledgement is completed and signed)

General Information

Do you need special accommodations to perform the duties of the job you are applying for? Yes No

Can you submit a legal verification of your right to work in the United States? Yes No

(In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.)

Have you ever been convicted of, or pleaded guilty or no contest to a felony or misdemeanor in the past 8 years, other than a minor traffic violation? Yes No

If yes, When: _____ Where: _____

For what: _____

In event of an emergency, contact:
Name: _____

Address: _____

Phone: _____

Relationship: _____

Applicant's Statement

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract for employment. I further understand that should employment be offered, my employment and compensation may be terminated with or without cause at any time by either the City of Hampton or myself. I understand that submission of the application in no way assures me a position and that no City representative has the authority to enter into any employment agreement with the City to the foregoing.

Employment with the City of Hampton is contingent upon successfully passing a medical and physical examination (which will include a drug screening, provided at no cost to the applicant/employee.)

I understand that failure to submit a complete application may disqualify me from consideration for a position.

I understand that any untrue statement in the application may result in my dismissal at any time during my employment with the City of Hampton.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to the application and the employment procedure of the City of Hampton. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A copy of this authorization shall be as valid as the original.

I understand that resumes, letters of reference, certificates, etc. submitted with the application becomes property of the City of Hampton and cannot be returned. The information I have provided on this application is subject to public disclosure under the Georgia Open Records Act. Personal information and social security number will be redacted.

I understand that disclosure of my Social Security Number on this application for employment is required and solicited pursuant to the employer's policies, and that it is to be used for the purposes of identification and tracking by the employer in employment transactions.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein, and that if hired, I understand that I will be on probation for a period of one (1) year.

Applicant's Name

Date

The City of Hampton does not discriminate on the basis of race, color, national origin, sex religion, age or disability in employment or the provision of services.

CONSENT FORM

I, _____ hereby authorize an investigator of the Hampton Police Department to receive Criminal History information pertaining to me, which may be in files of any state or local criminal justice agency.

Full Name (Printed)

Address, City, State and Zip

Date of Birth

Social Security Number

Signature

Date

Notary

Expiration Date