

CITY OF WACO, GA
APPLICATION FOR EMPLOYMENT

The City of Waco is an equal opportunity employer. It adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, ethnic origin, national origin, marital or veteran status, citizenship, age, or disability.

Instructions: You must complete this application even if a resume is attached. Type or print in ink. Please answer all questions completely and accurately. If more space is needed, attach additional paper.

Position(s) applying for: _____

Name: _____ Social Security Number: _____
(Last, First, Middle)

Address: _____
(Street, Apt.) City, State, Zip Code

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____

Please answer the following questions:

Are you over the age of 18? _____ (yes or no)

If applying for a sworn law enforcement position, are you over the age of 21? _____ (yes or no)

Do you have a driver's license? _____ If yes: State _____ Expiration date: _____

Class: _____

Are you now or have you ever been employed by Waco? _____ (yes or no)

Are any members of your family or any relative employed by Waco? _____ (yes or no) If yes, give name, relationship and where employed: _____

Have you ever served on active duty with U.S. Armed Forces? _____ (yes or no)

If yes, what branch? _____ Date entered active duty: _____

Date discharged/separated: _____ Type of Discharge: _____

Employment desired: _____ Full-Time Only _____ Part-Time Only _____ Full- or Part-Time

If you are not available for work now, enter the earliest date you can begin work (mo/day/yr) _____

Indicate your desired Salary Range: _____

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EDUCATION:

Name of High School	Address
If you did not graduate from high school, do you have a G.E.D. equivalent? Date received:	

College/University Name/Address	Dates Attended (Mo/Yr)		Did You Graduate?	Type of Degree
	From	To		

Business, Trade, Technical Schools and other Training	Dates Attended (Mo/Yr)		Certificates Received or Subjects Taken
	From	To	

Give the name of any professional (engineering, police, CPA, etc.) license you hold.	Date of Issuance	Expiration Date	License Number

PERSONAL REFERENCES: Give three (3) references who have known you well for the past five (5) years.

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

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Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

Complete Name	Relationship
Home Address:	Home Phone
Business Address:	Business Phone
Occupation:	# of Year Acquainted:

EMPLOYMENT HISTORY:

Complete the entire section in detail; do not use “see resume.” List chronologically all employment for the last 10 years including current, part-time and volunteer employment. Please attach a separate sheet of paper for additional employment history.

May we contact your current employer for a reference? _____ **(yes or no)**

1. Name of Employer:		
Address:		
Job Title:	From:	To:
Beginning Annual Salary:	Ending Annual Salary:	
Supervisor's Name:		Phone Number:
Duties & Responsibilities:		
Reason for Leaving:		
2. Name of Employer:		
Address:		
Job Title:	From:	To:
Beginning Annual Salary:	Ending Annual Salary:	
Supervisor's Name:		Phone Number:

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Duties & Responsibilities:
Reason for Leaving:

3. Name of Employer:		
Address:		
Job Title:	From:	To:
Beginning Annual Salary:	Ending Annual Salary:	
Supervisor's Name:		Phone Number:
Duties & Responsibilities:		
Reason for Leaving:		

Have you ever been dismissed or asked to resign? _____ (yes or no)

If yes, please explain _____

APPLICANT CERTIFICATION

CERTIFICATION:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Applicant's Signature _____ Date _____