PO Box 350
Blakely, GA 39823

Read the job announcement carefully. Information must be complete so that all applications can be given equitable consideration. All qualified applications will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. The City of Blakely will hire only authorized workers regardless of national origin. You must sign and date your application in ink. Please complete one application for each position for which you apply. Applications will only be accepted for posted positions.

PERSONAL DATA			
Position Desired	Salary Required	Today's Date	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Telephone	Business Telephone	Other	
Email Address:			
Will You Accept Temporary Work? ___ Shift Work?____		Part Time Work_____ Weekend/Holiday?_____	
Are You Over 18 Years Old?			Yes ☐ No ☐
Are You Legally Eligible To Work In The U.S.			Yes ☐ No ☐
(Note: if offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.)			
Are You Currently Employed By The City Of Blakely?			Yes ☐ No ☐
Have You Ever Been Employed By The City Of Blakely?			Yes ☐ No ☐
If Yes When And Where.			
Do You Have Any Relatives Who Are Employed By The City Of Blakely?			Yes ☐ No ☐
If Yes Give Name And Relationship.			
Do You Have A Valid Drivers License?			Yes ☐ No ☐
License #	Class	State	
Have You Had Any Traffic Violations In The Past 3 Years?			Yes ☐ No ☐
Please Indicate Type Of Offense And Dates			
Have You Ever Been Charged With A Felony Or Misdemeanor Where Disposition Was A Conviction, A Plea Of Nolo Contendere (No Contest), Or First Offender Treatment			Yes ☐ No ☐

If Yes Describe Circumstances.
Note: A criminal conviction will not necessarily be a bar to consideration for employment. The disclosure of a misdemeanor conviction will not automatically result in disqualification. Criminal histories will be submitted to the National Crime Information Center (NCIC) for verification. Failure to disclose a conviction may be considered grounds for disqualification. Applicants should be careful to disclose all criminal convictions in the space above.

Have You Ever Been Asked To Resign From Any Job?	Yes ☐ No ☐
If Yes Explain In Detail.	

Education

Are You A High School Graduate?		Yes ☐ No ☐	
If No, Highest Grade Completed		10 ☐ 11 ☐ 12 ☐	
School	Name & Location	Major Course Of Study	Degree Received
High			Yes ☐ No ☐
College			Yes ☐ No ☐
Graduate			Yes ☐ No ☐

Additional Education

Describe Special Vocational Or Business Courses You Have Taken Which Relates To The Job For Which You Are Applying.			
Business/Technical	Degree	Yes ☐ No ☐	Course Of Study
	Certificate	Yes ☐ No ☐	Course Of Study
List all licenses, special qualifications or skills (including language skills, typing skills, and business equipment or machine operating skills) which relate to the job for which you are applying.			



Work History

You may attach a resume in lieu of completing this work history. Describe your work history beginning with your current or most recent job. Include military, unpaid experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. If more space is needed please attach separate sheet.

Name Of Organization Or Firm			
Address	City	State	Zip Code
Telephone Number	Employed From	To	
Official Job Title	Supervisor's Name	Total Time Employed	
Hours Worked Per Week	Beginning Salary	Ending Salary	
Specific Job Duties			
Specific Reason For Leaving			
Name Of Organization Or Firm			
Address	City	State	Zip Code
Telephone Number	Employed From	To	
Official Job Title	Supervisor's Name	Total Time Employed	
Hours Worked Per Week	Beginning Salary	Ending Salary	
Specific Job Duties			
Specific Reason For Leaving			
Name Of Organization Or Firm			

Address	City	State	Zip Code

Telephone Number	Employed From	To
Official Job Title	Supervisor's Name	Total Time Employed
Hours Worked Per Week	Beginning Salary	Ending Salary
Specific Job Duties		
Specific Reason For Leaving		

Name Of Organization Or Firm			
Address	City	State	Zip Code

Telephone Number	Employed From	To
Official Job Title	Supervisor's Name	Total Time Employed
Hours Worked Per Week	Beginning Salary	Ending Salary
Specific Job Duties		
Specific Reason For Leaving		

Applicant's Certification And Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed false statements on this application shall be considered a sufficient cause for dismissal. The City is hereby authorized to make any investigation of my prior educational, work and criminal histories.

Authorization To Release Information

I have made application for employment with the City Of Blakely. I authorize my former employers to give any information regarding my employment and/or any information they have regarding me, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

May We Contact You Present Employer?	Yes ☐	No ☐

You must sign the authorization to release information form to enable us to contact prior employers, even though we may not contact your present employer.

Special Notice For Public Safety Applicants	
Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16:34. Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16:30 through 16.33 or review the FBI website.	
Date	Signature