



EMPLOYMENT APPLICATION

HUMAN RESOURCES
 837 Highway 76 W, Clayton, GA 30525
 Phone (706) 782-4512 | Fax (706) 782-4596

APPLICANT INFORMATION

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #

Phone: _____ Email: _____

Social Security No.: _____ Former Employee? Yes No

Are you related to past/present employees or elected officials of City of Clayton? Yes No

If yes, name(s) and relationship(s): _____

Position Applied For: _____

Are you a U.S. citizen? Yes No If no, authorized to work in U.S.? Yes No

Have you ever been convicted for violating any law? Yes No

If yes, please explain: _____

Possess a valid driver's license? Yes No Good driving record? Yes No

Driver's license No. _____ Class/Endorsements: _____

EDUCATION

School Name/Location	From	To	Diploma/Degree Awarded
High School			
College			
Other			

SPECIAL SKILLS & ABILITIES

Use this space for comments about your special skills and abilities. (example: U.S. military, apprenticeships, certifications, experience, etc.)



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EMPLOYMENT HISTORY				
Employer	Dates	Job Title	Reason for Leaving	May we contact?
Name, Address, Phone Number	Month/Year			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, Address, Phone Number	Month/Year			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, Address, Phone Number	Month/Year			<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES			
Name	Address	Phone	Relationship

ACKNOWLEDGEMENT
<p>PLEASE READ THIS IMPORTANT INFORMATION BELOW. ASK FOR CLARIFICATION IF NEEDED.</p> <p>The undersigned has applied for employment with the City of Clayton and hereby authorizes the City of Clayton to contact my current and former employers and references for the purpose of acquiring information regarding me; I hereby authorize such employers and references to supply such information verbally or in writing to the City of Clayton. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information. I understand the City of Clayton is a Drug Free Workplace and may require drug testing. I agree to comply with applicable City of Clayton policy. I understand that once offered a position, I may be required to complete a medical evaluation, drug screening, and/or a physical examination as a condition of continued employment. I certify that all answers given by me to all questions on this application are to the best of my knowledge, true, and correct. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if employed. All fields on the application must be answered fully in order to be considered for employment. Applications are active for 90 days unless otherwise notified.</p> <p>I AGREE THAT IF HIRED, THE CITY OF CLAYTON OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO CITY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY CITY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL EMPLOYMENT RELATIONSHIP. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:</p>

Print Name

Signature

Date

