



**APPLICATION FOR EMPLOYMENT**  
**City of Centerville, 300 E Church Street, Centerville, GA 31208**

All information provided on this application 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 Centerville, Georgia will hire only authorized workers, regardless of national origin. This application can be typed or printed. Please complete one application for each position for which you are applying. YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION.

**INCOMPLETE APPLICATIONS MAY BE REJECTED.**

Position Applying for: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name M.I. Social Security Number

\_\_\_\_\_  
Street Address Apt. # City State Zip

Other name(s), if any: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Phone # Cell Phone # Work Phone #

How did you hear of this opening? \_\_\_\_\_

Date available to begin: \_\_\_\_\_

WILL YOU ACCEPT: Temporary Work Part-time Work Shift Work Weekend/Holiday

Are you over 18 years old? \_\_\_\_\_ Are you eligible to work in the United States either because you are a U.S. citizen or have a U.S. government permission to do so? Yes No

NOTE: If offered employment will not 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.

Have you ever worked for the City of Centerville before? No Yes  
If yes, when and where? \_\_\_\_\_

Give name, relationship, and department of any relatives who are employed by the City of Centerville.

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Do you use tobacco products?      No      Yes      If yes, explain: \_\_\_\_\_

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**DRIVER'S HISOTRY INFORMATION:**

Do you have a valid Driver's License?      No      Yes

License # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

Have you received any traffic violations in the past 3 years?      No      Yes

If yes, list type of offense and dates: \_\_\_\_\_

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**CRIMINAL HISTORY INFORMATION:**

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? (For example: DUI, Bad Checks, etc.)      No      Yes      (Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law.) If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

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Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony?  
No      Yes      If yes, describe the circumstances: (Date, Place, Charges, Disposition). Use additional sheets if necessary.

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**NOTE:** An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the City of Centerville, Georgia. Such applicants shall be automatically rejected. Applicants convicted of any other felony will be considered on a case-by-case basis. An applicant who has been convicted of any felony or misdemeanor and has received a pardon from the appropriate State Pardons Parole Board shall be eligible for employment with the City of Centerville, Georgia.

Have you ever been suspended, demoted, dismissed, or asked to resign from any job? No Yes  
 If yes, explain in detail:

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**Education**

**High School**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Name of the high school or state authority issuing the diploma or certificate)

Circle highest grade completed: 7 8 9 10 11 12      Graduated? No Yes  
 If not a high school graduate, do you have a GED? No Yes

Please complete the following section for post-secondary education. (Technical Schools/Colleges/Univerities):

Name of School	City	State	If no degree, hours earned.		Major	Type of Degree	Degree Earned Yes/No
			Quarter	Semester			

Describe any specialized training, qualifications, apprenticeship, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. **Use additional sheets if necessary.**

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**REFERENCES:** Give names, addresses, and telephone numbers of three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

Address: Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

Address: Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

Address: Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**WORK HISTORY**

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience and period of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. **A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Use additional sheets if necessary.**

Name of Organization/firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates Employed: From: Mo/Yr \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Name of your supervisor: \_\_\_\_\_

Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Describe your Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Organization/firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Dates Employed: From: Mo/Yr \_\_\_\_\_

To: Mo/Yr \_\_\_\_\_

Name of your supervisor: \_\_\_\_\_

Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Describe your Specific Job Duties: \_\_\_\_\_

Name of Organization/firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Dates Employed: From: Mo/Yr \_\_\_\_\_

To: Mo/Yr \_\_\_\_\_

Name of your supervisor: \_\_\_\_\_

Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Your Official Job Title: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Describe your Specific Job Duties: \_\_\_\_\_

Name of Organization/firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Dates Employed: From: Mo/Yr \_\_\_\_\_

To: Mo/Yr \_\_\_\_\_

Name of your supervisor: \_\_\_\_\_

Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

***"We are an Equal Opportunity Employer and a Drug Free Workplace!"***

Your Official Job Title: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

Describe your Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

**Please use this space for additional information pertinent to your education, training, and experience: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**Alcohol and Controlled Substance Testing**

As a condition of employment with the City of Centerville, Georgia, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. **Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems.** Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988.) In order to be employed by the City of Centerville, Georgia, you must be successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**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 am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The City of Centerville, Georgia is hereby authorized to make any investigation of my prior educational and work history. **Finally, I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of the City of Centerville, Georgia.**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Resumes, letters of reference, etc. submitted with the application become the property of the City of Centerville, Georgia and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

**ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES.**

## Application Checklist

Please provide a copy of the following documents with your complete application packet:

- ◇ GED **or** High School Diploma **or** College Transcript
- ◇ 7 Year Driver's History (Can be obtained from the DMV for a small fee)
- ◇ Driver's License
- ◇ Typing Test-if applicable (A free typing test can be obtained from the Georgia Department of Labor)



**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named  
 entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Agency Designee Signature and Title