

Application for Employment

Augusta, Georgia

HUMAN RESOURCES DEPARTMENT

535 TELFAIR ST. SUITE 400, MUNICIPAL BUILDING, AUGUSTA, GEORGIA 30911

www.augustaga.gov

PHONE: (706) 821-2303

FAX: (706) 821-2867

In order to be considered for a position, applications must be complete. You must PRINT, SIGN and DATE your application in INK.

Position Applying For		Date					
Name Last F.	First			MI			
Current Address City	Sta	ite		Zip	Code		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
Telephone Number(s)	()		······)			
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Have you ever been employed with the City of A	augusta or Richmond Cou	ntv before?		Yes	□ No		
If yes, DatePosition		•					
On what date would you be available for work?			-				
If you are under 18 year of age, can you provide required proof of your				Yes	□ No		
eligibility to work?					□ N/A		•
If you are required to register with the Selective Service, can you show proof of				Yes	□ No		
registration? (Required of males ages 18-26.)					□ N/A		
Are you currently employed?				Yes	□ No		
May we contact your current employer?		,		Yes	□ No		
Are you legally eligible to work in the U.S.?	•			Yes	□ No		
Do you have any relatives employed with us?				Yes	□ No		
	ion	Dept					
If yes, NameRelat	ion	Dept			· ·		
Education					er en		
High School							
School Name and Address	* *************************************					Тг	id you graduate?
		·····					
							Yes □ No
· · · · · · · · · · · · · · · · · · ·		*****				-	
	If	not a high sc	hool	graduat	e, do you have a GED?		Yes □ No
Technical or Business Schools		***				[]	I CS INU
							·
School Name and Address	Number of years attended	Course of	study	y 	Did you graduate?		Degree obtained
				-12-0-1	□ Yes □ No		
					☐ Yes ☐ No		
Colleges/Universities							
School Name and Address	Number of years	Course of study		1	Did you graduate?	T	Degree obtained
	attended						
					☐ Yes ☐ No		
					□ Yes □ No		
					☐ Yes ☐ No		
					☐ Yes ☐ No		
					☐ Yes ☐ No		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Augusta is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, age, national origin or disability. Applications are kept on file for 90 days.



Application for Employment Augusta, Georgia References: List three (3) personal references who are not related to you and are not previous employers.

Name	Address	Phone Number	Years Knowr				
-							
mployment History: List more recent or current j	ob first: (please cover last eight (8) years, at	tach additional page	if needed.)	<u> </u>			
Name of Organization	Telephone	Dates	Employed				
Number and Street City St	()		From mo/yr To mo/yr				
Number and Street City St	tate Zip Code		ve contact this employers No	r?			
Official Job Title	Name of Supervisor						
Describe Specific Job Duties		Startin	g Fi	Final			
Describe Specific 100 Duties		*					
Leason for Leaving	·						
Value of Organization	Telephone	Dates I	Employed				
-	()	From n	no/yr T	o mo/yr			
	ate Zip Code		May we contact this employer? ☐ Yes ☐ No				
Official Job Title	Name of Supervisor		ourly rate/salary)				
Describe Specific Job Duties		Starting	g Fir	nal			
	and the second s		e e				
				- ,			
				-			
eason for Leaving							
fame of Organization	Telephone						
fumber and Street City Sta	() ate Zip Code	From m		mo/yr			
dumber and Street City Sta	ate Zip Code		fay we contact this employer? Yes □ No				
Official Job Title	Name of Supervisor	Pay (ho	urly rate/salary)				
the Constitute Duties	L	Starting	g Fin	al			
escribe Specific Job Duties							
1				-			
	•			•			
eason for Leaving							
st any additional training, skills, or equipmen	at you are chilled in operating related to	the position in wh	ich vou ere ennlying	(This may			
lude computer applications, typing speed, a C		the position in wil	ich you are applying.	(This may			
idde computer applications, typing speed, a c	CDL, of any other skins.)						
	A - 41 1 D - 1						
signature on this application form attests to the fact that	Authorization and Release		o that falsification/wissen				
of this application form and attached resume or credenti	ials may disqualify me for employment or result i	in immediate dismissal	regardless of when discor	vered Lunderst			
any employment pursuant to this application shall be su	bject to the condition that I pass the preemployme	ent drug screening urin	alysis test and that inform	ation regarding u			
rugs may be disclosed to the appropriate county represer							
nination is also required for certain positions, and in tho sified as confidential. I hereby authorize Augusta to inv	ise cases, employment is conditional upon success	stully passing the exam	ination. All medical infor	mation will be			
orize any past or present employer, law enforcement age	ency, or educational institution to release any info	ormation contained in n	normation that I have sub-	milled. I further			
by release any individual providing requested information	on from all liability and agree not to sue for defar	nation or other claims b	pased upon statements made	de to any			
esentative of Augusta				-			
			•				
Signature of Applicant	D:	ate					