



City of Walthourville

Post Office Box K
 Walthourville, Georgia 31333
 Telephone: 912-368-7501
 Fax: 912-368-2803

Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resume may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature. This application is to fill the current open position only.

Personal Information:			
Name:			
Last	First	Middle	Other Names Used
Address:			
Street	City	State	Zip
Telephone:	Home	Cell	Message
Email Address:			
Webpage Address(es):			
Position Applying For:			
Job Title:			
Are you applying for:		What shifts will you work?	May we contact your present employer:
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal		<input type="checkbox"/> Days <input type="checkbox"/> Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Available Start Date:			

Education/Training						
Are you legally eligible to work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No (Federal Law requires proof of identity and employment authorization for all new employees.)						
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State: ___ Class Type ___						
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended</u> <u>From/To:</u>	<u>Diploma, Degree &</u> <u>Major</u>	<u>Graduated?</u>	
High School						
College						
Other (Business, Vocational, Military)						



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Employment History (Please start with the most recent, ending with Age 18, excluding part time positions held while obtaining higher education – Use Additional Paper as necessary.):

Employer:

Address:

Street	City	State	Zip
Telephone:	Supervisor Name:		

Dates From: To: Final Rate of Pay:

Position Held:

Reason for Leaving:

Next Employer

Employer:

Address:

Street	City	State	Zip
Telephone:	Supervisor Name:		

Dates From: To: Final Rate of Pay:

Position Held:

Reason for Leaving:

Next Employer

Employer:

Address:

Street	City	State	Zip
Telephone:	Supervisor Name:		

Dates From: To: Final Rate of Pay:

Position Held:

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