APPLICATION FOR EMPLOYMENT

CITY OF BLUE RIDGE 480 West First Street Blue Ridge, GA 30513 706-632-2091

We consider applications for all positions without regard to race, color, religion, creed, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

		(PLEA	ASE PRINT)			
Position(s) Applied For				Date	of Application	
How Did You Learn About Us? Advertisement Employment Agency	□ Relative	e	☐ Inquiry ☐ Other			
Last Name	Fire	st Name		Middle Na	me	
Address Number	Street		City	State	Zip	Code
Telephone Number(s)	E-ma	ail		Social Security	Number (Vo	luntary)
Best time to contact you at h	ome is:					AM PM
If you are under 18 years of a proof of your eligibility to we		provide 1	required		□ Yes	□ No
Have you ever filed an applic	cation with us	s before?			. \square Yes	□ No
			If Yes, give date		<u>-</u> #	
Have you ever been employed	d with us befo	ore?			🗆 Yes	□ No
If Yes, give date						
Do any of your friends or rela	atives, other t	than spo	use, work here?		. Yes	\square No
Are you currently employed?					🗆 Yes	□ No
May we contact your present	employer?				Yes	□ No
Are you lawfully authorized t						□ No
Date available for work/	/ W	hat is yo	our desired salary ra	nge?		
Are you available to work:	□ Full-T	ime	(please indicate 1	2 3 shift)		
	□ Part-T	ìme	(please indicate M	ornings Afterno	oon Eveni	ngs)
	□ Tempe	orary	(please indicate da	tes available	//	/)
Are you currently on "lay-off	" status and s	subject to	recall?		🗆 Yes	□ No
Can you travel if a job requir	res it?				🗆 Yes	□No

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.	إسا

Describe any job-related training received in the United States military.
Describe any job-ferated training received in the office office office.

FOR PERSONNEL DEF	PARTMENT USE ONLY
Position(s) Applied For Is Open: Yes	□ No
Position(s) Considered For:	
	Date

POSITION:

NAME:_

DATE:

ADDITIONAL INFORMATION

Summarize special job-rela	ted skills and qualifica	tions acquired from em	ployment or other experience
	1		
PECIALIZED SKILLS	(CHECK SKILLS/	EQUIPMENT OPERATI	ED)
Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
PC/MAC	Word Processing	**************************************	
Typewriter	Shorthand	*	9
WPM		-	
WPM	WPM		
ote to Applicants: DO NOT	EQUIREMENTS OF T	HE JOB FOR WHICH Y	YOU ARE APPLYING.
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FORMED ABOUT THE RITURN you perform the essential asonable accommodation? FERENCES	EQUIREMENTS OF Tal functions of the job, (Name) (Address)	for which you are applyYESNO	YOU ARE APPLYING, ying, either with or without a Phone #

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

	Employer		Dates Employed	From	То	
	Address		W	ork Perform	ed	
-	Telephone Number(s)					
-	Job Title	Supervisor				
	Reason for Leaving					
-	Employer		Dates Employed	From	То	
-	Address		V	Vork Perforn	ned	
Telephone Number(s)						
	Job Title	Supervisor				
-	Reason for Leaving					
	Employer		Dates Employed	From	То	
	Address		1	Work Performed		
1	Telephone Number(s)					
	Job Title	Supervisor				
	Reason for Leaving					
1.	Employer		Dates Employed	From	То	
	Address			Work Perfor	med	
	Telephone Number(s)					
	Job Title	Supervisor				
	Reason for Leaving					

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal sex (including pregnancy, sexual orientation and gender identity), race color, citizenship status and genetic information, religion, national origin, age, creed, disability or other protected status; color, citizenship status and genetic information, religion, national origin, age, creed, disability or other protected status;	If you need additional space, press

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Date Signature of Applicant FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview ☐ Yes □ No Remarks INTERVIEWER Employed

Yes

No Date of Employment

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

____ Salary _____ Department _____

NAME AND TITLE



DATE

Hourly Rate/

By _____

Job Title _____