City of Springfield PO Box 1 * 130 S Laurel St. Springfield, GA 31329 912-754-7617

Employment Application

Applicant Information									
Full Name:				Date:					
	Last	First		M.I.					
Address:									
	Street Address			Apartment/Unit #					
	City			State ZIP Code					
Phone:				Email					
Date Available: Position Applied for:			Desired Salary:						
Are you a citizen of the United States?		YES	NO □	If no, are you authorized to work in the U.S.?					
Do you have a valid Driver's License?		YES	NO □						
Have you ever worked for this municipality?		YES	NO □	If yes, when?					

Education							
High School:		Address:					
From:	To:	Did you graduate?	YES	NO □	Diploma::		
College:		Address:					
From:	То:	Did you graduate?	YES	NO □	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES		Degree:		
References							
Please list thr	ee professional referen	ces.					
Full Name:					Relationship:		
					Phone:		
Addross:							

Full Name:			_	Relationship:
Company:				Phone:
Address:				
Full Name:				Relationship:
Company:				Phone:
Address:				
	Previous E	mployme	ent	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary: <u>\$</u>
Responsibili	ties:			
From:	То:	Reason fo	or Leaving:	
•	act your previous supervisor for a reference?	YES	NO	
Compony				Phono:
Company: Address:				Phone: Supervisor:
Job Title:				
Responsibili	ties:			
From:	To:			
May we con	act your previous supervisor for a reference?	YES	NO □	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting Salary: <u>\$</u>		Ending Salary: <u>\$</u>	
Responsibili	ties:			
From:	То:	Reason fo	or Leaving:_	
May we con	act your previous supervisor for a reference?	YES	NO □	

Military Service					
Branch:	From:	To:			
Rank at Discharge: Type of Discharge:					
If other than honorable, explain:					
Disclaimer and Signature – Please Read Carefully Before You Sign					

I certify that my answers are true and complete to the best of my knowledge. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I understand that I am required to notify employer of any criminal conviction that occurs during the course of my employment. I further understand that, should I be hired, I will be subject to drug screens.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I acknowledge that I have read and understand each of the above statements.

Signature:

Date:

The City of Springfield is an equal employment opportunity employer.

Thank you for completing this application form and for your interest in the City of Springfield.