

APPLICATION FOR EMPLOYMENT

HR USE ONLY

Company City of Lyons
Address 161 N.E. Broad Street
City Lyons GA 30436



Applicant No. _____
Employee No. _____
Company No. _____
Location _____
Date Employed _____

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Documents Received:
<input type="checkbox"/> Resume
<input type="checkbox"/> Reference Checks
<input type="checkbox"/> Interview Record
<input type="checkbox"/> Payroll/Status Change Notice
<input type="checkbox"/> Employee Record Card

Employment Desired: _____ Date _____

Name _____
First Middle Last

Present address _____
No. Street City State Zip

Previous address _____
No. Street City State Zip

Telephone Number (____) _____ Email address _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1

COMPANY NAME		DATES WORKED	POSITION(S) HELD
		FROM TO	
ADDRESS, CITY, STATE, ZIP			
PHONE NO. ()		DUTIES / RESPONSIBILITIES	
TYPE OF BUSINESS			
NAME OF SUPERVISOR		REASON FOR LEAVING	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING/CURRENT per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:

2

COMPANY NAME		DATES WORKED	POSITION(S) HELD
		FROM TO	
ADDRESS, CITY, STATE, ZIP			
PHONE NO. ()		DUTIES / RESPONSIBILITIES	
TYPE OF BUSINESS			
NAME OF SUPERVISOR		REASON FOR LEAVING	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:

3

COMPANY NAME		DATES WORKED	POSITION(S) HELD
		FROM TO	
ADDRESS, CITY, STATE, ZIP			
PHONE NO. ()		DUTIES / RESPONSIBILITIES	
TYPE OF BUSINESS			
NAME OF SUPERVISOR		REASON FOR LEAVING	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:

4

COMPANY NAME		DATES WORKED	POSITION(S) HELD
		FROM TO	
ADDRESS, CITY, STATE, ZIP			
PHONE NO. ()		DUTIES / RESPONSIBILITIES	
TYPE OF BUSINESS			
NAME OF SUPERVISOR		REASON FOR LEAVING	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:

WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

SPECIAL SKILLS

Please check the skills for which you have received training:

- Word Processing (WPM _____)
 Data Entry
 10 - Key Calculator
- Software Packages: _____
- Programming Languages: _____
- Database: _____
- Manufacturing Equipment: _____
- Other: _____
- _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize the City of Lyons, to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name: (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

This authorization is valid for 180 days from the date of signature.

Do not write below line. For official use only

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

The City of Lyons Georgia
161 N.E. Broad Street
Lyons GA 30436

CRIMINAL HISTORY REPORT

A CRIMINAL HISTORY RECORD CHECK WAS PERFORMED ON THE SUBJECT
INDICATED ON THE REVERSE SIDE OF THIS FORM.

IDENTIFIABLE RECORDS WERE LOCATED IN:

- LOCAL CRIMINAL FILES
- STATE OF GEORGIA CRIMINAL FILES
- FEDERAL CRIMINAL FILES

NO IDENTIFIABLE RECORDS WERE LOCATED IN:

- LOCAL CRIMINAL FILES
- STATE OF GEORGIA CRIMINAL FILES
- FEDERAL CRIMINAL FILES

ADDITIONAL NOTES:

SIGNATURE OF PERSON PERFORMING THE CHECK

TITLE

DATE

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Georgia Driver's History Consent Form

I hereby authorize the City of Lyons to receive a copy of my Georgia driver's history information as a part of my application for employment or Volunteer Status.

Print Full Name: _____

Sex Date of Birth Driver's License Number

Signature

Date

Do not write below line – for official use only

MVR REPORT

A GEORGIA DRIVER'S HISTORY CHECK WAS PERFORMED ON THE SUBJECT INDICATED ABOVE

___ IDENTIFIABLE RECORDS WERE LOCATED IN REPORT

___ NO IDENTIFIABLE RECORDS WERE LOCATED IN REPORT

ADDITIONAL NOTES:

SIGNATURE OF PERSON PERFORMING THE CHECK

TITLE DATE

