



## City of Walnut Grove Employment Application

2581 Leone Ave, Loganville, GA 30052

E-mail: [cityclerk@cityofwalnutgrove.com](mailto:cityclerk@cityofwalnutgrove.com)

Website: [cityofwalnutgrove.com](http://cityofwalnutgrove.com)

Telephone: (770)787-0046

**Position Applied For:** \_\_\_\_\_

*The City of Walnut Grove considers applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legal protected status. Fill in all items thoroughly. Your answers determine whether you will be considered for the position. We cannot accept incomplete or unsigned applications. Applications will only be accepted for posted positions. The City of Walnut Grove is a Drug Free Workplace.*

### PERSONAL DATA

*Please print in black or blue ink, or type. DO NOT use a pencil.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you eligible to work in the United State either because you are a U.S. Citizen or have U.S. government permission to do so? \_\_\_\_\_

Have you ever been employed by the City of Walnut Grove? \_\_\_\_\_ If yes, when and in what capacity? \_\_\_\_\_

Do you have any relatives who are currently employed with the City of Walnut Grove? \_\_\_\_\_

If yes, please list name, relationship, and department in which they work: \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_ License # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

Have you had any traffic violations in the past three (3) years? \_\_\_\_\_ If yes, please indicate type of offense and dates: \_\_\_\_\_

Have you ever been discharged from employment because your work, or conduct, was not satisfactory?

If yes, please explain: \_\_\_\_\_

## EDUCATION

|               | Circle Highest Yr.<br>Completed | Diploma/Degree/Certification | Course of Study |
|---------------|---------------------------------|------------------------------|-----------------|
| Middle School | 5 6 7 8                         |                              |                 |
| High School   | 9 10 11 12                      |                              |                 |
| Undergraduate |                                 |                              |                 |
| Graduate      |                                 |                              |                 |

Describe any specialized training, apprenticeships, or skills (or, attach resume):

State any additional information you feel may be helpful to us in considering your application:

## REFERENCES

List three (3) persons, other than relatives, who have knowledge of your work experience:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List the positions that you have held, starting with your most recent one. THIS SECTION MUST BE COMPLETED IN DETAIL. You are encouraged to attach a resume if you wish, but reference to a resume in lieu of completing this section cannot be accepted and will be considered incomplete. INCOMPLETE APPLICATIONS WILL NOT BE SUBMITTED FOR CONSIDERATION. Under "duties," describe your job in sufficient detail so that we can determine not only your tasks but also the level of responsibility. If you have had more jobs or wish to add more detail to the "duties" section, complete a separate sheet in the same format and attach.

**Name of Business:** \_\_\_\_\_

From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Official Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Hours Worked/Wk.: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Official Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Hours Worked/Wk.: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

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Official Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Hours Worked/Wk.: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

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Beginning Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Official Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Hours Worked/Wk.: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the answers given herein on this application are true and complete to the best of my knowledge. I understand that any misrepresentations or material omission of fact on this or any other document required by the City of Walnut Grove, if employed, may be considered as constituting grounds for disciplinary measure, including dismissal. I further understand that any offer of employment is subject to successful completion of a drug screen and, where necessary, other examinations and background investigations. Having applied for employment with the City of Walnut Grove, I do hereby agree and do give my consent that any person, firm, or organization listed herein is authorized to furnish the City of Walnut Grove with personal or reference material concerning my character, past employment, or any other information they so request and release them from any damages whatsoever for issuing same.

May we contact your present employer (please check one)? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date