



3507 Williams Street, Post Office Box 434
Patterson, GA 31557
912.647.5776

APPLICATION FOR EMPLOYMENT

The City of Patterson is an equal opportunity employer, dedicated to a policy of non-discrimination in employment based on race, color, religion, sex, national origin, disability, age, or genetics.

Applicant Information

Applicant Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: (home) _____ (cell) _____

Email Address: _____

Date of Application: _____

Employment Position:

Position(s) applying for: _____

How did you hear about this position? _____

On what date can you start working if you are hired? _____

Personal Information:

Are you a U.S. citizen or approved to work in the United States? Yes No

Have you ever applied to or worked for The City of Patterson before? Yes No

If yes, when? _____

Job Skills/Qualifications:

Please list below the skills and qualifications you possess for the position for which you are applying.

(Note: The City of Patterson complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Educational Information:

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military

Are you a member of the Armed Services? Yes No

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position? _____

Previous Employment

Employer Name _____

Job Title _____

Supervisor Name _____

Employer Address _____

City, State, Zip Code _____

Employer Telephone _____

Dates Employed _____

Reason for Leaving _____

Employer Name _____

Job Title _____

Supervisor Name _____

Employer Address _____

City, State, Zip Code _____

Employer Telephone _____

Dates Employed _____

Reason for Leaving _____

Employer Name _____

Job Title _____

Supervisor Name _____

Employer Address _____

City, State, Zip Code _____

Employer Telephone _____

Dates Employed _____

Reason for Leaving _____

References

List three persons not related to you whom you have known at least a year.

Name	Address	Telephone Number

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or

misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by The City of Patterson.

I understand that any employment is conditioned on a background check. I authorize The City of Patterson to thoroughly investigate all statements contained in my application or resume. I authorize my former employers and references to disclose information regarding my former employer, character, and general reputation to The City of Patterson, without giving me prior notice of such disclosure.

In addition, I release The City of Patterson, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, without prior notice, at the option of either myself or The City of Patterson. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon The City of Patterson unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by The City of Patterson and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to The City of Patterson the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by The City of Patterson's Drug and Alcohol Policy.

I understand that filling out this application does not indicate there is a position open and does not obligate The City of Patterson to hire. I agree to abide by all The City of Patterson's work rules, policies, and procedures. The City of Patterson retains the right to reverse its policies or procedures, in whole or in part, at any time.

Signature _____ Date _____

Office Use

Date Received _____ by _____