



# City of Ocilla

## Application for Employment

**PLEASE TYPE OR PRINT**

**DATE OF APPLICATION:** \_\_\_\_\_

As an Equal Opportunity Employer, it is the policy of the CITY OF OCILLA to afford equal employment opportunity to all individuals, regardless of their race, color, creed, religion, gender, national origin, age, marital status, military/veteran status, or any non-job-related disability or medical condition.

### Work Preference

Type of employment desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal

### Position Information

Position Applying For: \_\_\_\_\_ Department: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Home Phone No. ( ) \_\_\_\_\_ Alternate Phone No. ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

Other names under which you have been employed or any names that are necessary to check employment or educational history. \_\_\_\_\_

Referral Source: \_\_\_\_\_

Do you have any relatives currently working for the City of Ocilla? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

If yes, list any name(s), relationship, position, and department: \_\_\_\_\_

Have you previously worked as an employee for the City of Ocilla? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

If yes, last date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Department: \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

Note: Unless applying for a Law Enforcement position a "Yes" response does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes", please list date, location, and explain:

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Have you ever been convicted of a drug or an alcohol related offense? \_\_\_\_\_(Yes)\_\_\_\_\_ (No)

Note: A "Yes" response does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes", please list date, location, and explain: \_\_\_\_\_

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Can you perform the essential job requirements as described to you , with or without accommodation?  
\_\_\_\_\_ (Yes)\_\_\_\_\_ (No)

If "No", please explain: \_\_\_\_\_

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Do you have any commitments to another employer that might affect your employment with the City of Ocilla? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

If "Yes", please explain: \_\_\_\_\_

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Date Available to Begin Work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Attach resume with personal references.

## Education and Training

High School: \_\_\_\_\_  
(Name of School) (City and State)

Did you graduate? \_\_\_\_ (Yes) \_\_\_\_ (No) If "No", did you obtain a GED? \_\_\_\_ (Yes) \_\_\_\_ (No)

College: \_\_\_\_\_  
(Name of College) (City and State)

Did you graduate? \_\_\_\_ (Yes) \_\_\_\_ (No)  
If "No", # of hours completed: \_\_\_\_\_ Degree: \_\_\_\_\_

Correspondence or Trade School: \_\_\_\_\_  
(Name of School) (City and State)

Do you have any professional licenses and/or certificates that are job related? If "Yes", please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the U.S. Military Services? \_\_\_\_ (Yes) \_\_\_\_ (No)  
If "Yes", Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Type of Skills and Training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

**Begin with the most recent place of employment:**

Company Name	Employed from _____ to _____
Address (City and State)	Position Title
Supervisor	Ending Salary
Supervisor's Title	Telephone Number

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Company Name	Employed from _____ to _____
Address (City and State)	Position Title
Supervisor	Ending Salary
Supervisor's Title	Telephone Number

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

_____	Employed from _____ to _____
Company Name	
_____	_____
Address (City and State)	Position Title
_____	_____
Supervisor	Ending Salary
_____	_____
Supervisor's Title	Telephone Number

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

_____	Employed from _____ to _____
Company Name	
_____	_____
Address (City and State)	Position Title
_____	_____
Supervisor	Ending Salary
_____	_____
Supervisor's Title	Telephone Number

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**References (Work or Personal)**

_____	_____
Name	Contact Number
_____	_____
Name	Contact Number
_____	_____
Name	Contact Number

**PLEASE READ CAREFULLY**

**AUTHORIZATION AND UNDERSTANDING**

I represent that the answers and information given by me in the application are true and complete. I authorize the City of Ocilla to verify the information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, and educational institutions) contacted by the City to furnish and information relevant to my application for employment. I agree to sign all necessary release forms to be provided to these third parties for the release of such information. I understand that any misrepresentation or omissions of facts requested is cause for dismissal.

I understand that any offer of employment is conditioned on my successful completion of a post-offer drug screening. This application will be considered active for a maximum of ninety (90) days.

In consideration of my employment, I agree to conform to the rules and policies of the City of Ocilla.

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THE ABOVE PARAGRAPHS AND AGREE TO THE FOREGOING CONDITIONS OF EMPLOYMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The City of Ocilla is an Equal Opportunity Employer – We do not discriminate on the basis of race, color, religion, gender, national origin, age, disability, or veteran status.**

**BACKGROUND CHECK/AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO WHOM IT MAY CONCERN:** Under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681, et. Seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit the City of Ocilla to obtain, from any person, firm, or entity to release the to the City, the following: 1) my employment record; 2) records concerning any criminal history; 3) records concerning my driving history; 4) information concerning drug and alcohol abuse; 5) records concerning my credit history, when this information is indicative of a bona fide occupational qualification (BFOQ); 6) records concerning my workers compensation history (post-offer); 7) verification of my academic and/or professional credentials; and 8) information and/or copies of documentation from my military service records. The above items, which constitute an “investigative consumer report, may include information as to my character, general reputation, personal characteristics, and mode of living. I agree that a copy of this authorization has the same effect as the original. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with the authorization and the City of Ocilla from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are further advised under said act that you may request a copy of this report from the consumer reporting agency that compiled said report after proper identification has been received.

**APPLICANT INFORMATION (Please Print):**

\_\_\_\_\_ Social Security Number  
Full Name (Last, First, Middle)

\_\_\_\_\_ Telephone  
Aliases (Include Maiden Name)

**Please list all residences where you have lived during the past five years.**

\_\_\_\_\_ From (Mo./Yr.) To (Mo./Yr.)  
Current Address, City, State, Zip County

\_\_\_\_\_ From (Mo./Yr.) To (Mo./Yr.)  
Previous Address, City, State, Zip County

\_\_\_\_\_ From (Mo./Yr.) To (Mo./Yr.)  
Previous Address, City, State, Zip County

Valid Driver’s License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Has your driver’s license ever been suspended or revoked? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

If “Yes”, please explain: \_\_\_\_\_

\_\_\_\_\_ (For purposes of obtaining Driver’s License Information Only)  
Date of Birth:

\_\_\_\_\_ Date  
Signature

Sworn and subscribed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Public Seal