City of Villa Rica

EMPLOYMENT APPLICATION

The City of Villa Rica is an Equal Opportunity Employer

The City will provide reasonable accommodations in completing this form if requested.

1. Position (s) applied for:

   A._____ B._____ C._____

2. _____
   LAST NAME FIRST MIDDLE

3. _____
   SOCIAL SECURITY NUMBER

4. _____
   ADDRESS - NUMBER AND STREET

5. _____
   HOME PHONE NUMBER

   _____
   CITY STATE ZIP

6. _____
   BUSINESS PHONE NUMBER

7. When would you be available for employment?_____

8. What are your salary expectations?_____

9. Have you been employed previously by this jurisdiction? YES or NO
   Have you ever been employed with another governing entity? YES or NO
   If "YES" to either list year(s) or agency _____

10. Do you have any specific licenses, certifications, etc. which will assist you in performing the duties associated with the position for which you are applying? _____

    _____

11. Have you ever been a member of the armed services? YES or NO

    National Guard? YES or NO Reserves? YES or NO

    Type of Discharge:_____ Active Status:_____

12. Do you hold a current professional license that will assist you in performing the duties associated with the position for which you have applied? YES or NO

    Profession:_____ License # _____

13. Have you ever been charged with a felony? YES or NO

    If "YES", list charge(s) _____

EDUCATION

14. Are you a high school graduate or do you hold a GED Certificate? YES or NO
    If "NO" circle the highest grade completed:

    1 2 3 4 5 6 7 8 9 10 11 12

EDUCATION (continued)

	Name / Address	Major	Degree	Graduation Date
High School / GED				
Business / Trade School				
College				
Graduate School				

EMPLOYMENT HISTORY

Use additional sheets if Necessary

Employed: from_____ to_____ Total Years_____ months _____

Starting Salary _____ per _____ Final Salary _____ per _____

Employer _____phone number_____

Address_____

Kind of Business_____your position_____

Specific Duties_____

Reason for leaving_____

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Employed: from_____ to_____ Total Years_____ months _____

Starting Salary _____ per _____ Final Salary _____ per _____

Employer _____phone number_____

Address_____

Kind of Business_____your position_____

Specific Duties_____

Reason for leaving_____

==========

Employed: from_____ to_____ Total Years_____ months _____

Starting Salary _____ per _____ Final Salary _____ per _____

Employer _____phone number_____

Address_____

Kind of Business_____your position_____

Specific Duties_____

Reason for leaving_____

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Employed: from_____ to_____ Total Years_____ months _____

Starting Salary _____ per _____ Final Salary _____ per _____

Employer _____phone number_____

Address_____

Kind of Business_____your position_____

Specific Duties_____

Reason for leaving_____

BUSINESS REFERENCES

Name of reference_____

Address_____phone_____

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Name of reference_____

Address_____phone_____

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Name of reference_____

Address_____phone_____

I hereby certify that all statements made on this form are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentations, I will be subject to immediate dismissal.

_____ _____

DATE SIGNATURE