

30 East Broad Street ~ Post Office Box 328 Camilla, Georgia 31730 Phone (229) 336-2220 • Fax (229) 336-2230 www.camillaga.net



## Dear Applicant:

Thank you for choosing the City of Camilla to meet your employment and career goals. We appreciate your time to complete our standard application process.

The City of Camilla values its' employees and citizens. We are committed to providing a safe, comfortable city and working environment by ensuring each employee is trustworthy, safety oriented, and drug-free.

In order to meet our safety and security goals, all potential new employees will be tested for illegal drugs and the City of Camilla conducts thorough background screenings. If you are considered for employment, some or all of the following employment screenings will be performed by the City of Camilla:

- ► Criminal Records Check.
- ► Contact Previous Employers and Education Officials.
- ▶ Verify your Professional License and Credentials (if appropriate).
- ► Check your Driving Record.
- ▶ Request additional levels of Background Screening when appropriate.
- ► Conduct pre-testing for job positions (if applicable).

If you have concerns or issues on your background records that need to be resolved before the City of Camilla initiates the background screening process, please discuss them with us or let us know you are not ready to complete the required employment screening. We keep all applications for 30 days after submittal.

\*Note: Applicants completing the online employment application will need to save the completed form as PDF and email to: <a href="mailto:rbrazeale@cityofcamilla.com">rbrazeale@cityofcamilla.com</a>.



## **APPLICATION FOR EMPLOYMENT**

	Full Time	ı	Part Time	ш	emporary			
				3				
ast Name	First	Middle			Social	Security Number		
Addrone	Number & Street			5	Home I	Phone Number		
Address	, - Number & Street							
City, State, Zip				0	Cell Phone Number			
When would you be	available for em	ployment?_	-					
-								
					□NO			
-					which should	d be considered	in assign	
		□NO						
	_	ver been cor	nvicted of any	violation of t	the law other	than minor traffic	c violatio	
<u>.</u>								
				ES	NO			
Oraft Status:			_			*		
Do you hold a curre	nt professional li	cense (phys	ician, teacher,	etc.)? \BY	ES [	NO		
Profession:				License	Number:			
		EC	UCATION					
Are you a high scho f "NO", circle the high	ol graduate or donest grade comple	o you hold a ted: 1 2	GED Certifica 3 4 5	te?  \_YES	8 9 10	Programme and the second		
College Education:								
School Name	and Address	Hours Credit	Major		Minor	Degree	Gradua Date	
	e .							
		1		I			1	
	Address  When would you be What is the minimun Have you been emp Oo you have any ph ou this position?  Since your 17th birth  YES  Have you ever been Oraft Status:  Oo you hold a curren Profession:  Are you a high scho f "NO", circle the high College Education:	City, State, Zip  When would you be available for em  What is the minimum salary you will  Have you been employed previously Do you have any physical handicap, Yes  Since your 17th birthday, have you en  YES  NO (A conviction where you ever been a member of the Draft Status:  Do you hold a current professional lie Profession:  Are you a high school graduate or def "NO", circle the highest grade completed.	City, State, Zip  When would you be available for employment?	Address – Number & Street  City, State, Zip  When would you be available for employment?  What is the minimum salary you will accept?  Have you been employed previously by this jurisdiction?  Oo you have any physical handicap, disease, limitations, or oth you this position?  YES  NO  Since your 17th birthday, have you ever been convicted of any yellow you ever been a member of the armed services?  NO (A conviction will not necessarily exempt you for the status:  Oo you hold a current professional license (physician, teacher, Profession:  EDUCATION  Are you a high school graduate or do you hold a GED Certificate f "NO", circle the highest grade completed: 1 2 3 4 5  College Education:	Address – Number & Street  Address – Number & Street  City, State, Zip  When would you be available for employment?  What is the minimum salary you will accept?  Have you been employed previously by this jurisdiction?  YES  Oo you have any physical handicap, disease, limitations, or other disability you this position?  YES  NO  Since your 17th birthday, have you ever been convicted of any violation of the yest of the armed services?  YES  Paraft Status:  Type of you hold a current professional license (physician, teacher, etc.)?  YES  Profession:  EDUCATION  Are you a high school graduate or do you hold a GED Certificate?  YES  College Education:	Address – Number & Street  Address – Number & Street  City, State, Zip  Cell Ph  When would you be available for employment?  What is the minimum salary you will accept?  Have you been employed previously by this jurisdiction?  YES NO  Do you have any physical handicap, disease, limitations, or other disability which should you this position?  YES NO  Since your 17th birthday, have you ever been convicted of any violation of the law other  YES NO (A conviction will not necessarily exempt you from consideration for employed have you ever been a member of the armed services?  YES NO  Do you hold a current professional license (physician, teacher, etc.)?  YES  Profession:  EDUCATION  Are you a high school graduate or do you hold a GED Certificate?  YES  FINO", circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 College Education:	Address – Number & Street  Address – Number & Street  City, State, Zip  When would you be available for employment?  When would you be available for employment?  What is the minimum salary you will accept?  Have you been employed previously by this jurisdiction?  Oo you have any physical handicap, disease, limitations, or other disability which should be considered into this position?  YES  NO  Since your 17th birthday, have you ever been convicted of any violation of the law other than minor traffic yes  YES  NO  Have you ever been a member of the armed services?  YES  NO  Draft Status:  YES  NO  Type of Discharge:  Type of Discharge:  Profession:  EDUCATION  Are you a high school graduate or do you hold a GED Certificate?  YES  NO  Type S  NO  Craft Status S  Profession:  Hours  Hours	

## **EMPLOYMENT HISTORY**

Employed from:	to	Total Years/Months:		
		Final Salary:per		
		Employer Phone #:		
		Your Job Title:		
		Total Years/Months:		
		Final Salary: per		
		Your Job Title:		
	to	Total Years/Months:		
Starting Salary:	per	Final Salary: per		
Employer:		Employer Phone #:		
Address:				
		Your Job Title:		
Specific Duties:				
Reason for Leaving:				
REFERENCES:				
Name:	Address:	Phone:		
Name:	Address:	Phone:		
		Phone:		