



# CITY OF CAMILLA

30 East Broad Street ~ Post Office Box 328  
Camilla, Georgia 31730  
Phone (229) 336-2220 • Fax (229) 336-2230  
[www.camillaga.net](http://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: [rbrazeale@cityofcamilla.com](mailto:rbrazeale@cityofcamilla.com).



### EMPLOYMENT HISTORY

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

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

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

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

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

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

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

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

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

### REFERENCES:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ 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 misrepresentation, I will be subject to immediate termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date