

Town of Thunderbolt



Employment Application

Thunderbolt Date Received
Stamp & Signature



Town of Thunderbolt
 2821 River Drive, Thunderbolt, GA 31404
 Phone: (912) 354-5533 | Fax: (912) 354-2038

Application for Employment

The Town of Thunderbolt is an Equal Opportunity Employer. In accordance with the Federal Americans with Disabilities Act (ADA), if accommodations are necessary in order to perform the essential functions of the position, or to participate in any portion of the selection process, please contact the Human Resources at (912)354-5533 within seven calendar days of the final filing date.

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran's status, or any other legally protected status.

Applying for: Full Time Part Time Seasonal Date _____
Position(s) Applied For: _____

Please read and complete all statements and questions contained in this application. Please write legibly. You may use the back of the application if more space is needed. Information submitted will be used to consider your qualifications and background for the position for which you apply. This application will become part of your confidential personnel record if employed. This application will be active for a period of 6 months from the date of your signature.

PERSONAL INFORMATION

Name _____
 FIRST INITIAL LAST
 Address _____
 STREET CITY STATE ZIP
 Social Security Number (optional) XXX-XX-_____
 Home phone number _____ Cell phone number _____
 Other _____ (If this is a message number please include the name of the person who resides at this residence)

Are you legally eligible to work in the United States? Yes No Are you age 18 or older? Yes No

How did you hear about the job opening for which you are applying? Newspaper Department of Labor
 Relative, Friend, Current Employee Other _____

Have you applied for employment with the Town in the past 6 months? Yes No

List relatives or friends employed by the Town _____

Have you ever been employed by the Town? Yes No If Yes, please complete the following:

Dates employed _____ to _____ Position _____

Department _____ Reason employment ended _____

If hired, when can you report to work? _____

If hired, would you be able to work overtime when necessary? Yes No

Do you have any future personal appointments or commitments to other employers, which may affect your being employed by the Town? Yes No If yes, explain _____

What salary do you expect (approximate)? _____

Some jobs may require travel, can you travel on daytrips for training, overnight for trainings, on an ongoing basis as part of the job?

Do you have a current driver's license issued by the State of Georgia? Yes No

If you are applying for a position of which requires driving a motor vehicle, list all traffic violations which resulted in a conviction and all at fault traffic accidents for the past 5 years

Have you ever been convicted of a crime, excluding misdemeanors? Yes No

Do you have any criminal charges pending at this time? Yes No

If you checked yes to either of the above, please describe in full _____

The above declaration may exclude traffic fines of \$200 or less;

- ✓ Any offense, committed before the current of prospective employee's 18th birthday which was finally adjudicated in family court under a youth offender law;
- ✓ Any conviction the record of which has been expunged under Federal or State law; and
- ✓ Any conviction set aside under the Federal Youth Corrections Act or similar State City.

(Please note that a conviction of a crime is not an automatic bar to employment. - All circumstances will be considered.)

MILITARY SERVICE

Have you ever served in the United States armed forces? Yes No Branch _____
Dates of duty: from _____ to _____ Rank at discharge _____

Have you received a description of the job or been made aware of the essential functions of the job for which you are applying? Yes No

Do you understand the job requirements? Yes No (If no, please explain)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected class.

1. EMPLOYER _____

ADDRESS _____

SUPERVISOR _____ TYPE OF BUSINESS _____

PHONE _____ PERIOD OF EMPLOYMENT (Month - Year) FROM _____ TO _____

JOB DUTIES _____

REASON FOR LEAVING _____ POSITION HELD _____

ENDING SALARY _____ May we contact this employer? Yes No

2. EMPLOYER _____
ADDRESS _____
SUPERVISOR _____ TYPE OF BUSINESS _____
PHONE _____ PERIOD OF EMPLOYMENT (Month - Year) FROM _____ TO _____
JOB DUTIES _____

REASON FOR LEAVING _____ POSITION HELD _____
ENDING SALARY _____ May we contact this employer? Yes No

3. EMPLOYER _____
ADDRESS _____
SUPERVISOR _____ TYPE OF BUSINESS _____
PHONE _____ PERIOD OF EMPLOYMENT (Month - Year) FROM _____ TO _____
JOB DUTIES _____

REASON FOR LEAVING _____ POSITION HELD _____
ENDING SALARY _____ May we contact this employer? Yes No

4. EMPLOYER _____
ADDRESS _____
SUPERVISOR _____ TYPE OF BUSINESS _____
PHONE _____ PERIOD OF EMPLOYMENT (Month - Year) FROM _____ TO _____
JOB DUTIES _____

REASON FOR LEAVING _____ POSITION HELD _____
ENDING SALARY _____ May we contact this employer? Yes No

Please explain any period of time longer than 6 consecutive months in which you were not employed. _____

Have you ever been discharged or ask to resign from a job? Yes No **If yes, please explain the circumstances surrounding the discharge.** _____

EDUCATION AND SKILLS

Give a record of all High Schools, Colleges, Universities and Special Schools you have attended.

NAME OF **HIGH SCHOOL** _____

ADDRESS _____

GRADE COMPLETED _____

High School Diploma or GED Awarded Yes No _____

NAME OF **COLLEGE or UNIVERSITY** from which you were awarded a degree

ADDRESS _____

Major Course of Study _____

Years attended _____

List the Degree Awarded _____

NAME OF **COLLEGE or UNIVERSITY** _____

ADDRESS _____

Major Course of Study _____

Years attended _____

Degree Awarded No Yes List the Degree Awarded _____

If you have attended more than 2 colleges/universities list on back of this form.

SPECIAL TRAINING, SKILLS, OTHER CERTIFICATIONS, or LICENSES

(Examples: Commercial Drivers License - CDL, Certified Mechanic, Class __ Water/Wastewater Treatment Plant Operator, Code Enforcement, Building Inspector, Firefighter, Police or Protective Service Trainings and Certifications, Certified Public Accountant - CPA, Certified in First Aide or CPR trained, etc.)

SPECIALIZED TRAINING OR CERTIFICATIONS

Certified in CPR/First Aide Yes No Date this Certification Expires _____

SPECIAL LICENSES

Georgia CDL Drivers License Yes No GA CDL License Expiration Date _____, Endorsement _____

SPECIALIZED SKILLS

Office Equipment Check if you can operate or do any of the following: Calculator Transcriber

Typewriter (Electric) _____ NET WPM _____

Personal Computer Word Processing Spreadsheet Software Programs

List software used and or any computer programs operated _____

Industrial Equipment

List the vehicles, machinery, or equipment that **you can operate**: Truck(s) _____

Tractors _____ Backhoe Mowers _____ Weed-eater

Crane(s) _____ Jack-hammer Street Sweeper

Others not listed above _____

List all tools you can use:

Other

Please list all foreign languages which you can read, speak or write and indicate your skill level as either fluent, good, or fair.

Please use this last section to summarize special job related skills and qualifications acquired from employment or other experiences which may relate to the position applied for:

Please list professional, trade, business, or civic activities and offices held (you may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protective status):

OTHER REFERENCES

REFERENCES (Other than previous employer references above). Give the names and addresses of persons who know you (not relatives). The references given will be contacted unless we are notified by you not to contact.

Name _____

Address _____

Phone # _____

Relationship _____ Years Known _____

Name _____

Address _____

Phone # _____

Relationship _____ Years Known _____

Name _____

Address _____

Phone # _____

Relationship _____ Years Known _____

APPLICANTS STATEMENT

PLEASE READ VERY CAREFULLY BEFORE SIGNING

In making this application for employment I certify that the answers and information given herein are true and complete.

I authorize The Town of Thunderbolt to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Town. I understand this decision is to rest with the Town.

If employed, I agree to hold in strictest confidence any information concerning the Town, its clients, records, and its representatives which may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Town, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Town or myself. I understand that no representative of the Town, other than the Town Administrator, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that completion of this Application for Employment does not guarantee that I have been employed by this Town. I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in this employment application may result in my not being considered for employment, and if not discovered by the Town until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the Town of Thunderbolt complies with the Drug-free Workplace Act of 1988, and requires that all applicants selected for employment pass a pre-employment drug and/or a blood alcohol test as a condition of employment, either prior to employment, or at any time during employment.

By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Town's discretion and I consent to the release of the results from any such test or examination to the Town.

Further, I understand that the Town requires the completion of an Initial Criminal Investigative Report prior to employment and for certain positions also requires an extensive Fingerprint Criminal Investigative Report after I am hired. By submitting this application for employment I consent to all required Criminal Investigative Reports. I realize that failure to disclose any prior arrest will be grounds for disqualification from employment.

I understand that if chosen for a position which requires driving an Town vehicle, I will be required to submit a valid Motor Vehicles report and that as an ongoing condition of employment I must maintain a clear Motor Vehicles Report.

I realize that information received from the drug test, the initial criminal background check, the motor vehicles report may be used as a basis to disqualify me from further consideration for employment.

Applicant's Signature

Date

Ref Chk __, __, __. DS _____ CBC _____
Pay /Hrly _____ /Annual _____

DOIntv. _____
DOH _____

Job Class ____, Hrs ch. _____

SUPPLEMENT A: This form is used for background clearance and record keeping purposes and is maintained separate for the application by Human Resources.

Town of Thunderbolt, Georgia
HUMAN RESOURCES DEPARTMENT
2821 River Drive
Thunderbolt, GA 31404
(P) 912-354-5533 (F) 912-354-2038

AN EQUAL OPPORTUNITY EMPLOYER
AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, _____ as an applicant for a position with the Town of Thunderbolt, do hereby authorize the release of any and all information to the Town of Thunderbolt's Human Resources Department from whomever they may deem it necessary to make such a request. Such information will include, but will not be limited to: criminal history records, military records, former employer records, pre-employment drug screen results, credit records and educational records or transcripts.

I also release all persons from any liability which result from furnishing said information to the Town of Thunderbolt Human Resources Department. Further, I authorize the Town of Thunderbolt's Human Resources Department to copy or otherwise reproduce this original document and to let such copies or otherwise reproduction copy act as the original instrument. The original document is to be retained on file with the Town of Thunderbolts Human Resources Department.

Full Name Printed: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

Sex: _____ Race: _____

Signature: _____ Date: _____

State of _____

County of _____

Signed to and sworn to (or affirmed) before me on

_____ by _____
date

My commission expires: _____