

City of Barwick Application for Employment

PERSONAL INFORMATION

Full Name: _____

First

Middle

Last

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

S.S.#: _____ Driver's License #: _____ Exp. Date: _____ State of Issue _____

POSITION DESIRED:

Position _____ Expected Salary: _____

Have you ever been employed by the City of Barwick: YES NO When: _____

Are you available to work: Full Time Part Time Do you object to working night shifts: YES NO

Can you travel if required by position: YES NO

CRIMINAL LUSTORY:

Have you ever been charged, plead guilty or been convicted of an offense in

- Municipal and/or City Court? Yes ____ No ____
- State Court? Yes ____ No ____
- Federal Court? Yes ____ No ____

Please give offense, date, location, and disposition of case to all yes answers above (use back of page if more room is needed). _____

EDUCATIONAL BACKGROUND:

Are you a high school graduate or equivalent? Yes ____ No

Name and address of school: _____

Have you received a college degree? Yes No

Check degree level: _____ Associate _____ Bachelor

Major/Course of study: _____

Name and address of school: _____

BACKGROUND INVESTIGATION:

The City of Barwick requires all employees to submit to a pre-employment background investigation. Please complete the attached Criminal History Report form, Personal History Release and SF 180 (former military personnel only), which will authorize the City of Barwick to receive any background record information pertaining to you.

_____ Yes, I agree to this search _____ No, I do not agree to this search.

FORMER MILITARY PERSONNEL:

Branch of Service: _____ Dates of Service: _____

Serial Number _____ Rank: _____

Type of Discharge: _____ Are you currently a member of a Reserve Unit: YES NO

Were you ever the subject of any disciplinary action while a member of the United States Military: YES NO

If yes, please explain: _____

Employment History:

Please list your last five (5) employers (Explain any periods of unemployment):

Employer: _____ Phone Number: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employ-na.xxt: _____ Pay Rate: _____

Employer: _____ Phone Number: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates of Employment: _____ Pay Rate: _____

Employer: _____ Phone Number: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates of Employment: _____ Pay Rate: _____

Employer: _____ Phone Number: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates of Employment: _____ Pay Rate: _____

Employer: _____ Phone Number: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates of Employment: _____ Pay Rate: _____

Have you ever been involuntarily terminated from any position: YES NO

Explain any YES: _____

Additional Information:

Please state any additional education or training you feel may be helpful to us in considering your application:

Please list any special skills, qualifications or achievements you feel may be helpful to us in considering your application:

References:

Please provide at least three (3) references (not relatives, former or present employers) who have known you for at least five (5) years.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I understand that the City of Barwick is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees regardless of age, race, national origin, religion, handicap, disability, or any other category protected by law. I understand that it is the policy of the City of Barwick to consider all applicants for employment based on their qualifications in light of job vacancies. I understand this employment application or any other City of Barwick documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period of six months from the date of my hiring. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the City of Barwick has a similar right. I understand that no manager or representative of the City of Barwick has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. The information given by me in this application is true and complete to the best of my knowledge. I agree that if the information is found to be false, misleading or unsatisfactory in any respect in the City of Barwick's judgment that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

Applicant Signature

Date

CITY OF BARWICK
HUMAN RESOURCES DIVISION

CRIMINAL HISTORY REPORT

P.O. Box 146 • Barwick Georgia 31720 • Telephone: (229) 735-2311 • Fax (229) 735-4151

The City of Barwick requires all employees to submit to a pre-employment criminal history investigation. Please complete this form, which will authorize the City of Barwick to receive any criminal history record information pertaining to you. National, State and local criminal justice agency records will be included in the criminal history search.

Print Full Name: _____

Address: _____

Mailing Address: _____

S.S. Number: _____ **Sex:** _____ **Race:** _____ **DOB:** _____

Driver's License #: _____ **State:** _____ **Expiration Date:** _____

Applicant Signature

Date Signed

Notary

Date Signed

POLICE DEPARTMENT USE ONLY

Request originally rec'd by: _____ **Date Rec'd:** _____

Local records searched by: _____ **Date:** _____

S t a t e r e c o r d s s e a r c h e d b y : _____ **E l a t e :** _____

Criminal history search by: _____ **Date:** _____

CHARGE	CT DATE	DISPOSITION
_____	_____	_____
_____	_____	_____

Initial one: *Mailed* _____ *Given in Person* _____