



# EMPLOYMENT APPLICATION

City of Flowery Branch ♦ 5410 Pine St ♦ Flowery Branch, GA 30542

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations for the applications or interview.

**Date of Review (Month/Day/Year)**

**APPLICANT DATA:**

**Position Applied for:**

How were you referred to us:

Full Name: \_\_\_\_\_

Former Name and/or Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Social Security # \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one?  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever worked for this company?  Yes  No

Are you a citizen of the United States?  Yes  No

If not, are you legally allowed to work in the United States?  Yes  No

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal

Have you pleaded "guilty," "No contest," or been convicted of a crime?  Yes  No

If yes, give dates and details: \_\_\_\_\_

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Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Drivers license number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

# EDUCATIONAL HISTORY

HIGH SCHOOL	NAME	LOCATION	CIRCLE THE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED		
TRADE (OR APPRENTICE) SCHOOL			FROM:	TO:		
COLLEGE OR BUSINESS SCHOOL			FROM:	HRS. EARNED:	QTRS. EARNED:	MAJOR:
			TO:			DEGREE EARNED:
DESCRIBE SPECIAL VOCATIONAL OR BUSINESS COURSES YOU HAVE TAKEN WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING:						

**SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS**

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**Professional References**

People with whom you have worked are preferable. Please do not list relatives.  
Do not repeat people listed above.

NAME	ADDRESS	PHONE	HOW DO YOU KNOW HIM/HER

# Employment History

PLEASE PRINT NEATLY AND EXPECT EVERY PERSON TO BE CONTACTED.

NAME	POSITION APPLYING FOR	SIGNATURE	DATE
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**Previous Employment**

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES  NO  If no, please include a professional reference who may be contacted to verify your current employment.

**1.**

CURRENT OR MOST RECENT EMPLOYER (OR COMPANY)	POSITION HELD	DEPARTMENT
STREET	EMPLOYED FROM (DATE TO DATE)	FINAL SALARY <span style="float: right;">[ ] CELL [ ] WORK [ ] HOME</span>
CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE <span style="float: right;">[ ] CELL [ ] WORK [ ] HOME</span>
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER
		PHONE WITH AREA CODE

**2.**

NEXT MOST RECENT EMPLOYER (OR COMPANY)	POSITION HELD	DEPARTMENT
STREET	EMPLOYED FROM (DATE TO DATE)	FINAL SALARY <span style="float: right;">[ ] CELL [ ] WORK [ ] HOME</span>
CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE <span style="float: right;">[ ] CELL [ ] WORK [ ] HOME</span>
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER
		PHONE WITH AREA CODE

**3.**

NEXT MOST RECENT EMPLOYER (OR COMPANY)	POSITION HELD	DEPARTMENT
STREET	EMPLOYED FROM (DATE TO DATE)	FINAL SALARY <span style="float: right;">[ ] CELL [ ] WORK [ ] HOME</span>
CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE <span style="float: right;">[ ] CELL [ ] WORK [ ] HOME</span>
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER
		PHONE WITH AREA CODE

**Pre-employment Drug Testing:** All job applicants being considered for employment in positions for which pre-employment drug and/or alcohol screening is allowed by law shall be required to pass a drug and/or alcohol screening test prior to being hired. Pre-employment testing shall take place only after an offer of employment has been made but before employment commences. Employees selected for promotion or transfer from a non-safety sensitive position into a safety-sensitive position will be required to pass such screening prior to commencing new position.

I hereby consent to the City of Flowery Branch to conduct a pre-employment drug screen prior to employment commencing.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_