



City of Thomson Employment Application

210 Railroad Street • P.O. Box 1017 • Thomson, Georgia 30824
Phone: 706-595-1781 • Fax: 706-595-2161 • www.thomson-mcduffie.net

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status. The City of Thomson is an equal opportunity employer and maintains a drug free workplace.

In order to be considered for a position with the City of Thomson, this application must be completed in full. You must **PRINT, SIGN, and DATE** your application in **INK**. Answer all questions, indicating *None* if appropriate.

Applications are accepted for open positions only.

Date _____ **Position(s) Applied For** _____
If this position requires a GA driver's license: License # _____ Expiration Date _____

Personal Information				
Last Name	First Name	Middle Name		
Physical Address		City	State	Zip
Mailing Address (if different from above)		City	State	Zip
Home Phone Number	Cell Phone Number	Other Contact Number		
Hiring Information				
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If you are over 18 years of age, have you registered with the Federal Selective Service System (DRAFT) and can provide proof?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are you legally eligible to work in the U.S.? (Proof of citizenship or immigration status will be required upon employment.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed with us before? If yes, give date: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever filed an application with us before? If yes, give date: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Do you have any relatives employed with us?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Name _____		Relation _____	Department _____	
If yes, Name _____		Relation _____	Department _____	
On what date would you be available for work? _____				
Are you available to work (circle all that apply)		Fulltime	Part-time	Shift work
Are you currently on "Lay-off" status and subject to recall?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you travel if a job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of, plead guilty, or no contest to a misdemeanor?*		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give date and explanation. _____				
Have you been convicted of, plead guilty, or no contest to a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give date and explanation. _____				
* Conviction will not necessarily disqualify an applicant from employment. Each conviction will be judged on its own merits with consideration for time, circumstances, and seriousness.				
Are you now or have you ever been the subject of an investigation by the Peace Officers Standards and Training Council?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Education

High School	
School Name and Address	Did you graduate?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not a high school graduate, do you have a GED?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Technical or Business Schools				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Colleges/Universities				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other (Specify)				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Job related licenses or certifications	Dates issued	Is it current?	Licensing Agency

Describe any specialized training, apprenticeship, skills, and extra-curricular activities that relate to the position for which you are applying.

Describe any job-related training received in the United States Military that relate to the position for which you are applying.

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 protected status. Failure to provide complete information regarding any job may result in disqualification of your application.

Employer Name	Phone Number
Address	Dates Employed From mo/year _____ To mo/year _____
Job Title	Supervisor's Name
Pay (Hourly Rate/Salary) Starting _____ Final _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Performed	
Reason for leaving	

Employer Name	Phone Number
Address	Dates Employed From mo/year _____ To mo/year _____
Job Title	Supervisor's Name
Pay (Hourly Rate/Salary) Starting _____ Final _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Performed	
Reason for leaving	

Employer Name	Phone Number
Address	Dates Employed From mo/year _____ To mo/year _____
Job Title	Supervisor's Name
Pay (Hourly Rate/Salary) Starting _____ Final _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Performed	
Reason for leaving	

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</p>

Additional Information

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied with or without accommodation? Yes No

If accommodation is necessary, how would you perform the job? (Attach additional sheets as needed.)

References

Name	Address	Phone Number

Please read the following statement carefully before signing this application.

Applicant's Statement

I certify that I have read and understand all questions in this application, and that my answers given herein are true and complete to the best of my knowledge. I understand that this application is **not an offer of or a contract for employment**. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that false or misleading information given in my application or interview(s) may result in discharge any time during my employment with the City of Thomson. I understand that any intentional false statement will result in the disqualification of my application and/or prosecution for the offense of False Swearing (GA Code Section 16-10-71) punishable by a maximum fine of \$1000 or by imprisonment for not less than one nor more than five years, or both. I further understand any erroneous answer(s) given by me during any part of the application process, whether intentional or not, will constitute a basis for my elimination from consideration for employment with the City of Thomson. I understand that if I do not wish to answer a question in the process, I may choose not to do so and my application will be terminated. I understand also, that I am required to abide by all rules and regulations of the employer (City of Thomson).

I understand résumés letters of references, etc., submitted with the application become the property of the City of Thomson and will not be returned. Some of the information I have provided on the application may be subject to public disclosure under the Georgia Open Records Act.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Thomson is an "at will" nature, which means that the Employee may resign at any time and the Employer (City of Thomson) may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization (City of Thomson).

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days and if I wish to be considered for employment beyond this time period I should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant: _____ Date: _____

For Personnel Department Use Only

Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Interview Date	Interview Time	
Remarks:			
Interviewer(s):			
Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Department	Hire Date	Start Date
Job Title		Hourly Rate/Salary	
Physical & Drug Test Appointment		Physical & Drug Test Location	
Completed by (Name & Title)		Date	

Additional Comments
