



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 applicable)
- Check your Driving Record
- Request additional levels of Background Screening when appropriate
- Conduct pre-testing for job positions (if applicable)

If you have concerns about your background records requiring resolution before the City of Camilla initiates the background screening process, please discuss with us or let us know you are not ready to complete the required employment screening. We keep all submitted applications in accordance with the State of Georgia's Retention Schedules for Local Government Records.

Applicants completing an electronic application will need to save the **completed** form as PDF **with your last name as part of the file name** and email to: kent.holtzclaw@cityofcamilla.com.

Applicant is responsible for ensuring employment application submitted via email is complete upon arrival.



APPLICATION FOR EMPLOYMENT

1. Position Applied For: _____
 Full Time Part Time Temporary

2. _____ 3. _____
 Last Name First Middle Social Security Number

4. _____ 5. _____
 Address – Number & Street Home Phone Number

_____ 6. _____
 City, State, Zip Cell Phone Number

7. When would you be available for employment? _____

8. What is the minimum salary you will accept? _____

9. Have you been previously employed by this jurisdiction? Yes No

10. Since your 17th birthday, have you ever been convicted of any violation of the law other than minor traffic violations? Yes No (a conviction will not necessarily exempt you from consideration for employment)

11. Have you ever been a member of the armed forces? Yes No

12. Do you hold a current professional license (physician, teacher, etc.)? Yes No

Profession: _____ License Number: _____

EDUCATION

13. Are you a high school graduate or do you hold a GED certificate? Yes No
 If "NO", provide the highest grade completed: _____

14. College Education:

	School Name and Address	Hours Credit	Major	Minor	Degree	Graduation Date
Technical School	_____					

College University	_____					

Graduate School	_____					

For compliance with State Laws on selected positions, provide date of birth: _____

Do you possess or able to obtain a valid driver's license: Yes No

Do you possess or able to obtain appropriate job certification or license: Yes No

THE CITY OF CAMILLA IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Employed from: _____ to _____ Total Years/Months: _____
 Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____
 Employer: _____ Employer Phone #: _____
 Address: _____
 Type of Business: _____ 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: _____ Job Title: _____
 Specific Duties: _____
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Employed from: _____ to _____ Total Years/Months: _____
 Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____
 Employer: _____ Employer Phone #: _____
 Address: _____
 Type of Business: _____ Job Title: _____
 Specific Duties: _____
 Reason for Leaving: _____

REFERENCES:

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

I hereby certify all statements made on this form are true to the best of my knowledge. I fully realize should an investigation disclose any misrepresentation, I will be subject to immediate termination.

Signature

Date