

City of Richmond Hill
Human Resources Department
40 Richard Davis Drive, Richmond Hill, Georgia 31324
(912) 756-5645

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER AND A DRUG FREE WORKPLACE

INSTRUCTIONS TO APPLICANT: Thank you for considering employment with the City of Richmond Hill. Please read the job announcement carefully. Complete this application accurately and legibly. False, incorrect, misleading statements may disqualify you for employment with the City of Richmond Hill. Applicants with a known disability as defined under the Americans with Disabilities Act and request an accommodation in the recruitment or selection process must request this accommodation no later than 48 hours prior to the need. All completed applications shall be returned to: City of Richmond Hill, Human Resources Department, P.O. Box 250, Richmond Hill, Georgia 31324 or dropped off at the City of Richmond Hill City Hall Complex located at 40 Richard Davis Drive, Richmond Hill, Georgia 31324, M-F 8am-5pm excluding holidays.

(TYPE OR PRINT IN INK)

POSITION APPLIED FOR DEPARTMENT _____ Application Date: _____

1. NAME _____
(Last) (First) (Middle)

2. ADDRESS _____
(Number) (Street) (Apt) (City) (State) (Zip)

3. HOME PHONE NO. (____) _____ ALTERNATE PHONE NO #1 (____) _____

4. EMAIL ADDRESS: _____ ALTERNATE PHONE NO. #2 (____) _____

5. Circle highest grade of school completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school? Yes No Date graduated: _____

Name of High School _____ City and State _____

Do you have a G.E.D. Certificate? Yes No

6. Write name and address of any colleges, universities or training schools you attended, showing dates and major course work:

Circle highest year of college completed: 1 2 3 4 5 Degree/Year Earned: _____

Graduate School: 1 2 3 4 Degree/Year Earned _____

7. List any professional licenses, certifications, heavy equipment, special skills, or training: _____

8. What business machines, computer hardware or software applications are you proficient with? _____

9. Social Security Number _____

10. Do you have a valid driver's license? Yes No License Number _____

State _____ Circle Class: A B C Type: _____

CDL: A B C

11. Beginning with your present or most recent employer, give a complete record of ALL employment, periods of unemployment, education or military service and working back to your first job. Volunteer or Internship work may be included, but you must list the work as "Volunteer," "Internship" and you must put "Unpaid" in the salary space. You must complete your entire work history and duties even if a resume is attached. You may attach additional sheets if necessary.

If presently employed, may we contact your present employer? Yes No

Month/Year	Name and Complete Address of Employer	Supervisor:
From:		Phone:
To:		Salary:

Title and Duties of Position: _____

Explain Reason for Leaving: _____

Month/Year	Name and Complete Address of Employer	Supervisor
From:		Phone:
To:		Salary:

Title and Duties of Position: _____

Explain Reason for Leaving: _____

Month/Year	Name and Complete Address of Employer	Supervisor
From:		Phone:
To:		Salary:

Title and Duties of Position: _____

Explain Reason for Leaving: _____

Month/Year	Name and Complete Address of Employer	Supervisor
From:		Phone:
To:		Salary:

Title and Duties of Position: _____

Explain Reason for Leaving: _____

Month/Year	Name and Complete Address of Employer	Supervisor
From:		Phone:
To:		Salary:

Title and Duties of Position: _____

Explain Reason for Leaving: _____

12. Have you ever been dismissed, asked to resign or resigned in lieu of termination from any job? Yes No
If yes, please explain:

13. Have you ever been employed by the City of Richmond Hill? Yes No If yes, for what position and when?

14. Are you related (by blood or by marriage) to any current employee of the City of Richmond Hill? If yes, give name(s), department(s) and relationships.

15. Have you ever been convicted of a crime or an offense against the law*? Yes No If yes, give date, nature of offense, name, location of court, and the penalty or disposition of the case or cases.

*** Past convictions will not automatically exclude an applicant from employment. The relationship of the crime to the position applied for will be taken into consideration.**

16. References: Name three (3) persons who have known you for at least two years. Do not list former supervisors listed on pages 2 or 3 of this application and do not list relatives. (Please be sure that addresses/phone numbers are current.)

Name _____ Address _____

Telephone Number _____ Occupation _____

Name _____ Address _____

Telephone Number _____ Occupation _____

Name _____ Address _____

Telephone Number _____ Occupation _____

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize the release of any and all information requested by the City of Richmond Hill in connection with my application for a position with the City. Such information will include, but will not be limited to: federal, state or local criminal history records pertaining to me, military records, former employer records, pre-employment drug screen results, credit records, educational records and/or transcripts.

Full name printed (Please include any aliases or maiden names) _____

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for may be cause for cancellation of my application and/or separation from the service of the City of Richmond Hill, if I have been employed.

Signature of Applicant Date

<i>For Human Resources Use Only</i>	
Date Received: _____	Date Entered: _____
Human Resources Representative _____	
Department: _____	Date Forwarded: _____

CONSENT TO BACKGROUND INVESTIGATION, DRUG TESTING AND PHYSICAL TESTING

I consent to and hereby authorize any agent of the City of Richmond Hill, Georgia to receive any criminal history record information pertaining to me which may be in the files of any federal, state, or local criminal justice agency. I also consent to undergo urinalysis, drug screening and a physical/health assessment (where required). In addition, I may also be required to provide a driver's history report at my own expense.

(Please sign this form in the presence of a Notary and return with your application)

Print Full Name

Address

Sex Race Date of Birth

Social Security Number Drivers License Number and State

This _____ day of _____ 20_____. _____
Applicant's Legal Signature

Sworn in presence of _____
Notary Signature

(SEAL) Date _____