



City of Camilla
P.O. Box 328
Camilla, Georgia 31730
(229) 336-2220
Fax (229) 336-2224

Dear Applicant:

Thank you for choosing the City of Camilla to help you meet your employment and career goals. We appreciate the time you are taking to complete our standard application process.

The City of Camilla is committed to providing a safe and comfortable environment for clients and their families, as well as offering all employees the security of knowing their coworkers are as trustworthy, safety oriented, and drug-free as they are.

In order to meet these safety and security goals, in addition to requiring that all potential new employees be tested for illegal drugs, the City of Camilla also conducts thorough background screenings. If you are considered for employment, please note that some or all of the following employment screenings will be performed:

- **The City of Camilla** will conduct a **Criminal Records Check**.
- **The City of Camilla** will contact **Previous Employers & Education Officials**.
- **The City of Camilla** will verify your **Professional License and Credentials (if appropriate)**.
- **The City of Camilla** will check your **Driving Record**.
- **The City of Camilla** may request additional levels of **Background Screening** when appropriate.

If there are any issues in your past that need to be resolved before the City of Camilla initiates this background screening, please discuss them with us or let us know that you are not ready for us to complete this essential process. We will hold all applications for 30 days.

Again, thank you for applying for employment with the City of Camilla.

“An Equal Opportunity Employer”

EMPLOYEE APPLICATION

1. (Position(s) Applied for) A. _____ B. _____ C. _____
 Full Time Part Time Temporary

2. Last Name: _____ First Name: _____ Middle: _____

3. Social Security Number: _____

4. Address (Number & Street): _____
 City: _____ State: _____ Zip Code: _____

5. Home Phone: _____ 6. Business Phone: _____

7. When would you be available for employment?

8. What is the minimum salary you will accept?

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

10. Do you have any physical handicap, disease, limitations or other disability which should be considered in assigning you this position? Yes No

11. 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.)

Explain any items to which you answered "YES" in the space below:

12. Have you ever been a member of the armed services? Yes No
 Draft Status: _____ Type of Discharge: _____

13. Do you hold a current professional (Physical, Teaching, etc) license? Yes No
 Profession: _____ License Number: _____

Education

14. Are you a high school graduate or do you hold a GED Certificate? Yes No
 If "No", check the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

15.

	School Name and Address	Hours Credit	Major	Minor	Degree	Graduation Date
Business/ Trade School						
College						
Graduate School						

For compliance with State Laws on selected positions:
 Date of Birth: _____

Possess or able to obtain valid drivers license: Yes No

Possess or able to obtain appropriate job certification or license: Yes No

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Employed: From _____ to Present

Total Years: _____ Months: _____

Starting Salary: _____ per _____

Final Salary: _____ per _____ Employer's Phone: _____

Employer: _____

Address: _____

Kind of Business: _____

Your Position: _____

Specific Duties: _____

Reason for Leaving: _____

Employed: From _____ to Present

Total Years: _____ Months: _____

Starting Salary: _____ per _____

Final Salary: _____ per _____ Employer's Phone: _____

Employer: _____

Address: _____

Kind of Business: _____

Your Position: _____

Specific Duties: _____

Reason for Leaving: _____

Employed: From _____ to Present

Total Years: _____ Months: _____

Starting Salary: _____ per _____

Final Salary: _____ per _____ Employer's Phone: _____

Employer: _____

Address: _____

Kind of Business: _____

Your Position: _____

Specific Duties: _____

Reason for Leaving: _____

References:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

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

Date: _____ Signature: _____