

CITY OF BALDWIN

Post Office Box 247 • Baldwin, Georgia 30511-0247 • (706) 778-6341

APPLICATION FOR EMPLOYMENT

The City of Baldwin is an equal opportunity employer. We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, or any other legally protected status.

Position(s) You Are Applying For:	Date of Application	
Are you applying for a sworn position with the City?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you willing to consent to a pre-employment background check and/or drug screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Telephone Number</i>	<i>Social Security Number (Voluntary)</i>		

Have you ever submitted an application to the City of Baldwin before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date: _____	
Have you ever been employed by the City of Baldwin before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date: _____	
Do any of your friends or relatives, other than your spouse, work for the City of Baldwin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. If you need additional space, please continue on a separate sheet. For time employed, please include month and year (ex. August 2017 – March 2020)

1. Employer:	Time Employed:
Address:	
Phone Number:	Supervisor:
Job Title:	Reason for Leaving:
Job Description/Work Performed: _____	

2. Employer:	Time Employed:
Address:	
Phone Number:	Supervisor:
Job Title:	Reason for Leaving:
Job Description/Work Performed: _____	

3. Employer:	Time Employed:
Address:	
Phone Number:	Supervisor:
Job Title:	Reason for Leaving:
Job Description/Work Performed: _____	

4. Employer:	Time Employed:
Address:	
Phone Number:	Supervisor:
Job Title:	Reason for Leaving:
Job Description/Work Performed: _____	

Please provide a name and phone number of three references (who are not related to you) that can attest to your work history or your character. We may contact these references prior to interviewing.

1. Name: _____ Relationship: _____
Phone Number: _____
2. Name: _____ Relationship: _____
Phone Number: _____
3. Name: _____ Relationship: _____
Phone Number: _____

APPLICANT'S STATEMENT

I certify that the answers given in this application are true and complete. I authorize the City of Baldwin to investigate and confirm the information in this application as seen fit and necessary to arrive at an employment decision.

This application for employment with the City of Baldwin shall be considered active for a period of 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Baldwin is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the 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 the City of Baldwin.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Arrange Interview Yes No **Employed** Yes No

Date of Hire _____ **Job Title** _____

Authorized By _____ **Date** _____