
NAME

POSITION

DATE

**CITY OF SPRINGFIELD
EMPLOYMENT APPLICATION**

PLEASE READ BEFORE COMPLETING APPLICATION

The City of Springfield is an equal opportunity employer and does not discriminate in recruiting, hiring, promotion, or other employment terms based on race, color, religion, creed, national origin, citizenship, sex, age, disability, or veteran status. This applies to all categories of employment; managerial, professional, technical, and all other staff.

All employment decisions will be made solely upon the basis of the individuals' qualifications as related to the requirements of the position being filled. The information requested in this application will be used in a nondiscriminatory manner.

You may be asked to perform one or more job-related skills tests. If you are certified, registered or licensed in your profession, you need to provide proof of your professional standing.

In accordance with the Immigration and Reform Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

The City of Springfield maintains a smoke free workplace. Smoking is not permitted by either employees or guests in any of our facilities or grounds.

If hired, you will be required to notify you employer of any criminal conviction that occurs during the course of your employment.

**IN ACCORDANCE WITH OUR DRUG POLICIES, PROSPECTIVE
EMPLOYEES WILL HAVE A DRUG SCREEN.**

**CITY OF SPRINGFIELD
EMPLOYMENT APPLICATION
(Please print in ink)**

GENERAL INFORMATION

Last Name	First Name	Middle Name	Date
Birth, Maiden or Other Names Used Past and Present			
Present Address	City	State	Zip Code
Telephone	Position Applied For		
Minimum Pay Required	\$	Hour	\$ Year
Check Shifts Available for Work			
Days___ Evenings___ Nights___ Weekends___			
Date Available	Check Desired Employment Stat		
Full Time___ Part Time___ Temporary___			
How Were You Referred to Us?			
___Walkin ___Mail-in ___Newspaper ___Other _____			

PERSONAL RECORD

Are you age 18 or older?		Have you ever applied to the City of Springfield?	
Yes___ No___	Yes___ No___	If yes, when _____	
Military Service Branch	Date Entered	Date Discharged	
Reserve Status (If applicable)			
Have you ever been convicted of a crime other than a minor traffic violation? Yes___ No___ If yes, Explain _____			

EDUCATIONAL RECORD

School Name & Location	Major	Years Completed	Degree
High School _____	_____	_____	_____
Business/ Technical _____	_____	_____	_____
College _____	_____	_____	_____
Graduate School _____	_____	_____	_____

List Any Foreign Languages Spoken and Level of Fluency

Skills:

___ Ten Key Touch ___ Word Processing ___ Typewriter WPM
___ Calculator Touch ___ Personal Computer ___ Shorthand WPM
___ Transcription ___ CRT ___ Speedwriting WPM

Data Entry – List Equipment/Software

Licensure/Certifications

#: _____ #: _____ Expiration: _____

WORK HISTORY (Beginning with present or more recent experience)

Are you employed ___ Yes ___ No May we contact your present employer? ___

Employer _____ From _____ To _____

Address _____

Phone _____ Job Title _____

Immediate Supervisor Name/Title: _____

Description of your work _____

Reason for Leaving _____

Employer _____ From _____ To _____

Address _____

Phone _____ Job Title _____

Immediate Supervisor Name/Title: _____

Description of your work _____

Reason for Leaving _____

Employer _____ From _____ To _____

Address _____

Phone _____ Job Title _____

Immediate Supervisor Name/Title: _____

Description of your work _____

Reason for Leaving _____

Employer _____ From _____ To _____

Address _____

Phone _____ Job Title _____

Immediate Supervisor Name/Title: _____

Description of your work _____

Reason for Leaving _____

EMPLOYMENT RECORD: Account for all unemployment of four weeks or longer, for non-medical reasons, during the last five years or since you left school.

FROM	TO	REASON
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PERSONAL REFERENCES – LIST 3 (Cannot be Relatives)

1. _____ Address _____ Phone _____

2. _____ Address _____ Phone _____

3. _____ Address _____ Phone _____

PLEASE READ BEFORE SIGNING

*I understand that this application is intended for information purposes only. Neither this application nor any other communication by the corporation's representatives, written or oral, establishes an employment contract other than one terminable at will by the City of Springfield or the Applicant. The City of Springfield and its employees have the right to terminate the employment relationship with or without cause at any time. No communication or practice limits the reasons or procedures for termination or modification of the employment relationship.

*I understand that the City of Springfield does not discriminate on any basis, including age.

*I agree to have a drug and/or alcohol screen whenever required by the City of Springfield.

*If hired, I agree to inform my employer of any criminal conviction that occurs during the course of my employment.

*I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application will prohibit my employment or will be grounds for immediate dismissal whenever such omission or misinformation is discovered.

*I acknowledge that I have read and understand each of the above statements.

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby grant permission to the City of Springfield to contact the employer listed and further, hereby authorize my former and/or present employer to give any information as to my behavior, performance and employment record with them.

I hereby release from all liability and damages these individuals, companies or agencies who proved information as stated above.

Signature

Date

Name of Previous/Present Employer _____

Date _____ Address _____

City, State & Zip _____

Applicant Name _____ SS# _____

Position Applied For _____

Position Held At Your Company _____

Dates Worked At Your Company _____

RECORD OF EMPLOYMENT
(To be completed only by previous/present employer)

1. Your working relationship with the applicant _____

2. Is the information provided above by the employee correct? __Yes __No
3. Position (if different from above) _____
4. Reason for leaving _____
5. Would you rehire this person? __Yes __No If No, Please Explain _____

6. Strong Points _____
7. Weak Points _____

(Please Check)	Favorable	5	4	3	2	1
Quality of Work		—	—	—	—	—
Productivity		—	—	—	—	—
Dependability		—	—	—	—	—
Initiative		—	—	—	—	—
Professional Appearance		—	—	—	—	—
Communication/Interpersonal skills		—	—	—	—	—
Attendance/Punctuality		—	—	—	—	—

Please verify dates of employment From _____ To _____

Additional Comments _____

Signature _____ Title _____

CITY OF SPRINGFIELD

CONSENT FORM FOR DRIVER HISTORY

I hereby authorize the City of Springfield to receive any driving history record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

Full Name Printed

Address

Address

Sex _____ Race _____ DOB _____ SS# _____

Signature

Date

Notary

CITY OF SPRINGFIELD

CONSENT FORM FOR CRIMINAL HISTORY RECORDS

I hereby authorize the City of Springfield to receive any criminal history record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

Full Name Printed

Address

Address

Sex _____ Race _____ DOB _____ SS# _____

Signature

Date

Notary