LAGRANGE
GEORGIA

City of LaGrange 200 Ridley Avenue LaGrange, Georgia 30240

EMPLOYMENT APPLICATION

Active for 30 days unless otherwise notified Date Applied: _____

Note: All fields must be answered fully in order to be considered for employment. Please ask for assistance if any portion of the application is unclear. All candidates will be required to pass a pre-employment drug test.

LAST NAME	FIRST	MIDDLE	STREET ADDRESS	CITY	STATE	ZIP

PHONE NUMBER	SOCIAL SECURITY NUMBER	YEARS AT THE ABOVE ADDRESS

MAJOR FIELDS OF EMPLOYMENT INTEREST AND POSITIONS DESIRED

ARE YOU AVAILABLE TO WORK ANY TIME OF THE DAY ☐ YES ☐ NO

ARE YOU AVAILABLE TO WORK ANY DAY OF THE WEEK ☐ YES ☐ NO

FORMER CITY EMPLOYEE ☐ YES ☐ NO	DEPARTMENT / DIVISION	JOB TITLE & DUTIES	FROM:	TO:

RELATIVES WORKING FOR THE CITY OF LAGRANGE- NAMES AND RELATIONSHIP (Past or Present)

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES ☐ YES ☐ NO

INCASE OF EMERGENCY NOTIFY	ADDRESS	PHONE (INCLUDE AREA CODE)

HAVE YOU EVER BEEN CONVICTED FOR VIOLATING ANY LAW? IF YES PLEASE EXPLAIN. ☐ YES ☐ NO A YES WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT

MUST POSSESS A VALID DRIVERS LICENSE. PLEASE COMPLETE THE FOLLOWING:

POSSESS A VALID DRIVERS LICENSE	GOOD DRIVING RECORD	DRIVERS LICENSE NO.	DRIVERS LICENSE CLASS/ ENDORSEMENTS
YES ☐ NO ☐	YES ☐ NO ☐		

U.S MILITARY HISTORY

BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE	HIGHEST RANK ATTAINED AND UNIT

INDICATE SPECIFIC SKILLS ACQUIRED IN THE U.S. ARMED FORCES

EDUCATIONAL HISTORY

SCHOOL NAME AND LOCATION	FROM	TO	LAST GRADE COMPLETED	COURSE OF STUDY

The City of LaGrange is an equal opportunity edmployer and provides fair and equal emplyment opportunities to all applicants for employment and employees without regard to race, color, religion , national origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

USE THIS SPACE FOR COMMENTS ABOUT YOUR SPECIAL ABILITIES I.E. APPRENTICESHIPS, TOOLS, CERTIFICATIONS, EXPERIENCE, ETC…

NOTE: The City of LaGrange will conduct an extensive background check including contacting past employers, schools attended, and possibly a credit history. Please note any employers you do not want contacted.

EMPLOYMENT HISTORY

(PLEASE COVER EMPLOYMENT HISTORY FOR THE PAST 10yrs, INCLUDING MILITARY IF APPLICABLE). USE ATTACHMENT IF NECESSARY.

(1) NAME OF EMPLOYER (2) ADDRESS OF EMPLOYER (3) PHONE NUMBER	FROM MO/ YR	TO MO/ YR	WAGE RATE START/ FINISH	JOB TITLE DUTIES	REASON FOR LEAVING SUPERVISORS NAME
Name _____ Address _____ Phone _____					
Name _____ Address _____ Phone _____					
Name _____ Address _____ Phone _____					
Name _____ Address _____ Phone _____					

PLEASE COMPLETE ALL AREAS ABOVE, WHETHER OR NOT A RESUME IS ATTACHED

WORK REFERENCES WE MAY CONTACT (INCLUDE AT LEAST 2 MOST RECENT OR CURRENT SUPERVISORS)

NAME	NAME
ADDRESS	ADDRESS
OCCUPATION PHONE	OCCUPATION PHONE
NAME	NAME
ADDRESS	ADDRESS
OCCUPATION PHONE	OCCUPATION PHONE

Please read this important information below. Ask for clarification if needed.

The undersigned has applied for employment with the City of LaGrange and hereby authorizes the City of LaGrange to conduct my current and former employers and references for the purpose of acquiring information regarding me; I hereby authoirze such employers and referecnes to supply such information verbally or in writing to the City of LaGrange. In consideration for their furnishing such information, I hereby waive any and all claims against such former employers and references which may arise from their furnishing such information.

I understand the City of LaGrange has a Substance Abuse Prevention Program which includes drug testing. I agree to comply with applicable City policy.

I understand that once offered a position I will be required to take a medical examination and drug screening.

I understand that once offered a position I may be required to pass a physical examination as a condition of continued employment.

I cewrtify that the answers given by me to all of the questions on this application are to the best of my knowledge and belief, true and honest. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment, and I understand that any misleading or incorrect statement may render this application void and would be cause for dismissal, if emplyed.

I AGREE THAT IF HIRED, THE SITY OF LAGRANGE OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO CITY POLICY, PRACTICE, PROCEDURE, OR STATEMENT BY ANY CITY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT WILL EMPLOYMENT RELATIONSHIP.

Date Available for Work _____ **Applicants Signature** _____

Equal Employment Opportunity Information Form

The City of LaGrange is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes. The information which you provide will be maintained separately from your application and will not be provided to City departments when you are referred for employment consideration. This section is voluntary and will be kept confidential.

Date:

Name:

Job/ Position Applied for:

Sex: ☐ Male ☐ Female

Date of Birth:

Race/ Ethnic Categories (Check One)

☐ White (not Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Black (not Hispanic origin) All persons having origins in any of the Black racial groups of Africa.

☐ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

☐ Asia or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example: China, Japan, Korea, the Phillipine Islands and Samoa.

☐ American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through triabl affiliation or community recognition.

RELEASE OF INFORMATION
City of LaGrange Consent Form

I, the undersigned, am applying for a position of employment for the city of LaGrange. I understand that any appointment tendered to me will be contingent upon the results of a complete background investigation. I am aware that willfully withholding information or making false statements on my employment application will be the basis fo refusal to hire me.

I hereby release you, your organization, including its officers, employees, or related personnel , both individually and collectively, from any and all liability for damages for whatever kind, which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

I further understand that as a part of the processing of my application, I will be required to undergo a pre-employment screening, including; but, not limited to, a criminal and/ or driver history report. I hereby voluntarily sign this release form attesting to my understanding it and supporting the intent of same.

Applicant's signature Date

Print name

Date of Birth

Witness Date

Email Print Form Reset Form