

# APPLICATION FOR EMPLOYMENT

City of Oxford  
110 West Clark Street  
Oxford, GA 30054  
770-786-7004

## Invalid after 60 days

The City of Oxford, Georgia is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Title of position applied for:	Date:
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Last Name First Name Middle or Maiden Name

Street Number Street Apt. Number

City State Zip Code

Telephone Number Social Security Number

Day \_\_\_\_\_ Evening \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_ If yes, indicate department in which you were employed:  
\_\_\_\_\_ Date left \_\_\_\_\_ Did you leave in good standing? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

Are you available to work: \_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_ Shift work \_\_\_\_ Temporary \_\_\_\_

What date are you available to work? \_\_\_\_\_

Are you currently on "lay off" status and subject to recall? \_\_\_\_\_

Can you travel if a job requires it? \_\_\_\_\_

Have you ever had any job-related training in the United States military? \_\_\_\_\_

If yes, please describe:

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

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Employer: \_\_\_\_\_ Date: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Date: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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Employer: \_\_\_\_\_ Date: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

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# Education

Elementary School Name: \_\_\_\_\_ Location: \_\_\_\_\_

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Years completed: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

College/University: \_\_\_\_\_ Location: \_\_\_\_\_

Years completed: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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Describe any honors you have received:

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State any additional information you feel may be helpful to us in considering your application:

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List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

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# References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you physically or otherwise unable to perform the essential duties of the job for which you are applying? \_\_\_\_\_

If yes, please describe:

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# **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that as a prospective employee, I must verify identity and employment eligibility prior to employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted at that time.

I understand that a medical examination and/or drug screening may be required for the job which I have applied and I agree to submit to such medical examination and/or drug screening. I understand that any offer of employment is conditional upon the results of the medical examination and/or drug screening.

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

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Signature of Applicant

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Date

# Affidavit

I hereby authorize the City of Oxford to obtain from the Georgia Department of Drivers Services a copy of my motor vehicle report as part of my personnel file. I understand that in obtaining a motor vehicle report, a consumer reporting agency, may be used by the City and I do hereby authorize such use.

**Name:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Notary:** \_\_\_\_\_

**Commission Expires:** \_\_\_\_\_