

# City of Port Wentworth Employment Application

All information provided on this application MUST BE CURRENT AND COMPLETE so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, sex, sexual orientation, gender, identity, religion, national origin, citizenship, age disability, or pregnancy. The City of Port Wentworth will hire only authorized workers regardless of national origin. Please print legibly and use ink when signing this application. Please complete one application for each position for which you are applying. APPLICATIONS THAT ARE NOT SIGNED AND DATED OR ARE INCOMPLETE WILL BE REJECTED. YOU MAY ATTACH A RESUME TO YOUR COMPLETED APPLICATION; HOWEVER, RESUMES **ARE NOT** ACCEPTED IN LIEU OF A COMPLETED APPLICATION.

*"The City of Port Wentworth is an Equal Opportunity Employer"*

Position applied for: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Referred By: \_\_\_\_\_

How did you hear about this opening? \_\_\_\_\_

Date available for work: \_\_\_\_\_ Are you over the age of 18?  YES  NO

Are you eligible to work in the United States because you are a U.S. Citizen or have the U.S. Government's permission to do so?  
 YES  NO

NOTE: if offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in termination.

Give name, relationship, and department of any family or friends that you have working for the City: \_\_\_\_\_

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## PERSONAL INFORMATION

LAST NAME: \_\_\_\_\_ FIRST (LEGAL): \_\_\_\_\_ MIDDLE: \_\_\_\_\_

STREET: \_\_\_\_\_ APT#: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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## EDUCATION

### HIGH SCHOOL

Name & Location: \_\_\_\_\_

(Please list last high school that you attended)

Check highest grade completed:  9  10  11  12 Graduated:  YES  NO

If not a high school graduate, do you have a GED:  YES  NO

COLLEGE / UNIVERSITY

NAME OF SCHOOL	City & State	Graduated? Yes or No	MAJOR

Describe any specialized training, qualifications, apprenticeships/internships, skills and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. (Use additional pages if necessary.)

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**BACKGROUND INFORMATION**

List any other names which you may have used and which will be necessary to verify your prior employment:

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Have you ever been terminated or asked to resign from a job?       YES    NO

If yes, please explain: \_\_\_\_\_

Have you ever pled "no contest", *nolo contendere*, or guilty to a crime or traffic violation, or been convicted of a crime?  YES  NO

If yes, provide type of conviction, date of conviction and State: \_\_\_\_\_

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Have you ever been a defendant in a lawsuit for an intentional tort?    YES    NO

What was the disposition of that lawsuit? \_\_\_\_\_

Are any charges currently pending against you?       YES    NO

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**MILITARY SERVICE INFORMATION**  
**This information is furnished on a voluntary basis.**

Check all that apply to you:       Veteran       Disabled Veteran       Vietnam Era Veteran

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_      Branch: \_\_\_\_\_

If Vietnam Era Veteran, have you been certified by the State Office of Affirmative Action?       YES    NO

If yes, what is the Certification Number? \_\_\_\_\_

**(Please attach Form DD-214 or a copy of SOAA certification.)**

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**WORK EXPERIENCE**

*The City of Port Wentworth reserves the right to contact all previous employers for references; however, we will not contact your current employer without your permission.*

Current Organization for Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates Employed: From M/Yr \_\_\_\_\_  
To M/Yr \_\_\_\_\_  
City State Zip

Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  YES  NO

Job Duties: \_\_\_\_\_

Name of Organization for Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates Employed: From M/Yr \_\_\_\_\_  
To M/Yr \_\_\_\_\_  
City State Zip

Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  YES  NO

Job Duties: \_\_\_\_\_

Name of Organization for Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates Employed: From M/Yr \_\_\_\_\_  
To M/Yr \_\_\_\_\_  
City State Zip

Supervisor: \_\_\_\_\_ Pay Start: \_\_\_\_\_ End: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  YES  NO

Job Duties: \_\_\_\_\_

Use this space to explain any gaps of 6 months or more in your work history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Give the names and addresses of persons who know you (not relatives). (We will assume we have your permission to contact these people unless you indicate to the contrary.)

Name:	Name:	Name:
Phone #:	Phone #:	Phone #:
Profession:	Profession:	Profession:
Years Known:	Years Known:	Years Known:

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**APPLICANT STATEMENT**

I understand that if I am hired it will be “at will”. I further understand that I have the right to terminate my employment at any time with or without notice, and under certain circumstances; the City has the same right.

Georgia employers have a qualified privilege to disclose factual information on job performance or abilities of employee or former employee, made at request of employee or a prospective employer, including disclosures involving violations of law. Employers are presumed to be acting in good faith when disclosing factual information concerning job performance, ability or violations of law (GA Code §34-1-4). I understand that the City of Port Wentworth may contact any and/or all of my previous employers and I authorize those employers to disclose to the City all records and other information pertinent to my employment with them. I also authorize the City to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand that the first **SIX MONTHS** of regular employment represent a provisional period during which I will not be eligible to apply for a transfer or promotion and during which I may be terminated without right of appeal. If employed, I agree to conform to the employment policies and procedures of the City. I understand that completion of this application for employment does not guarantee that I have been employed by this Company. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the City of Port Wentworth.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made on this Employment Application may result in my not being considered for employment, and if not discovered by the City until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the City requires the successful completion of a urinalysis for drug testing purposes, background check, and/or medical examination (where applicable for certain positions) to the extent permitted by law as a condition of employment. I authorize the City of Port Wentworth to investigate my driving record, my criminal record, and my credit history (when applicable for certain positions). By submitting this Application for Employment, I hereby consent to either or both of said tests, at the City of Port Wentworth’s discretion.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Bureau of Investigation  
Georgia Crime Information Center**

**Driver's License Status Consent Form**

I hereby authorize the City of Port Wentworth to verify the status of my driver's license on a periodic basis during the duration of my employment with the City of Port Wentworth.

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Full Name (Print)

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Sex

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Date of Birth

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Driver's License Number

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Signature

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Date

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Notary

# CITY OF PORT WENTWORTH EMPLOYMENT APPLICATION

## Applicant Data Record

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. **Submission is voluntary.** Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

(PLEASE PRINT)

Position(s) Applied for \_\_\_\_\_ Date \_\_\_\_\_

### AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Sex:  Male  Female

Race / Ethnic Group:

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American** – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” can be used in addition to “Black or African American”
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Hispanic or Latino (All Races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
- Hispanic or Latino (White race only)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race
- Hispanic or Latino (all other races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White
- Race missing or unknown** – Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant

Check if any of the following are applicable:

Vietnam Era Veteran  Veteran

Where did you learn of this job opening?

Advertisement  Friend  Relative  Walk-In  Employment Agency  Other

**GEORGIA BUREAU OF INVESTIGATION  
GEORGIA CRIME INFORMATION CENTER**

**CONSENT FORM**

I hereby give my consent for the \_\_\_\_\_  
(City of Port Wentworth)

to receive any Georgia or Ill criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Sex                                      Race                                      Date of Birth                                      Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.

Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public