



112 West Dykes Street
 Cochran, Georgia 31014-1599
 478-934-6346

Name

Last First Middle Email address

Address

Street or Route City State Zip Code Daytime Telephone Number

Position Applying To:

Type of Employment (Please check all that apply) Full Time _____ Part Time _____ Temporary _____

Are you eligible for employment in the U.S.? Yes _____ No _____ Have you ever been convicted of a felony? Yes _____ No _____
 If yes, please explain _____

Education

| Type of School | Name/Location | Dates Attended | Graduated? |
|--------------------|---------------|----------------|------------|
| High School | | | |
| | | | |
| College | | | |
| | | | |
| Trade or Technical | | | |
| | | | |

Employment History

| | Name/Location | Address | From | To |
|--------------------|---------------|---------|---------------------------------------|----|
| Current or Last | | | | |
| | | | May we contact your current employer? | |
| Duties | | | | |
| Reason for leaving | | | | |

Employment History Continued

| | Name/Location | Address | From | To |
|--------------------|---------------|---------|---------------------------------------|----|
| Current or Last | | | | |
| | | | May we contact your current employer? | |
| Duties | | | | |
| Reason for leaving | | | | |

| | Name/Location | Address | From | To |
|--------------------|---------------|---------|---------------------------------------|----|
| Current or Last | | | | |
| | | | May we contact your current employer? | |
| Duties | | | | |
| Reason for leaving | | | | |

Please complete all that apply:

| Computer Experience | Skilled Trades/Years Experience | Other Experiences |
|---------------------|---------------------------------|-------------------|
| | | |
| | | |
| | | |
| | | |

Please state any other information that you feel would be helpful to us in considering your application.

References (Please list three)

| Name | Email Address | Telephone Number |
|------|---------------|------------------|
| | | |
| | | |
| | | |

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the information given on this application is true and correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds for the City to terminate my employment, without notice. I agree to take appropriate employment tests required by the City on the basis of position requirements and I authorize investigation of any and all references and statements made on this application. Additionally, I understand that as a prerequisite for employment, federal law requires that I present documents verifying identity and employment eligibility.

Date

Signature of Applicant

INFORMATION GIVEN IS SUBJECT TO THE GEORGIA OPEN RECORDS LAW AND MAY BE MADE AVAILABLE UNDER THAT STATUTE.

Please complete only if you are applying for a Police Officer position:

Are you currently P.O.S.T. certified? Yes or No

Is this certification active? Yes or No

Certification # _____

Has this certification ever been suspended? Yes or No

The City does not exclude any person on the basis of race, color, age, sex, religion, national origin or disability.

EEO/M/F/V/D