



# Application for Employment City of Augusta

**HUMAN RESOURCES DEPARTMENT**

**ROOM 601, MUNICIPAL BUILDING, AUGUSTA, GEORGIA 30911**

[www.co.richmond.ga.us](http://www.co.richmond.ga.us)    **JOB LINE# (706) 821-2305    PHONE: (706) 821-2303    FAX: (706) 821-2867**

In order to be considered for a position, applications must be complete. You must **PRINT, SIGN** and **DATE** your application in **INK**.

Position Applying For			Date
Name Last	First	MI	
Current Address	City	State	Zip Code
Telephone Number(s) ( )	( )	( )	

Have you ever been employed with the City of Augusta or Richmond County before?     Yes     No

If yes,    Date \_\_\_\_\_    Position \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?     Yes     No

If you are required to register with the Selective Service, can you show proof of registration? (Required of males ages 18 – 26.)     Yes     No

Are you currently employed?     Yes     No

May we contact your present employer?     Yes     No

Are you legally eligible to work in the U.S.?     Yes     No

Do you have any relatives employed with us?     Yes     No

If yes, Name \_\_\_\_\_ Relation \_\_\_\_\_ Dept \_\_\_\_\_

If yes, Name \_\_\_\_\_ Relation \_\_\_\_\_ Dept \_\_\_\_\_

Have you ever been convicted of, plead guilty or no contest to a misdemeanor? \*     Yes     No

If yes, please give date and explanation. \_\_\_\_\_

Have you ever been convicted of, plead guilty or no contest to a felony? \*     Yes     No

If yes, please give date and explanation. \_\_\_\_\_

**\*A misdemeanor or felony conviction will not necessarily disqualify a job candidate from being considered for a position, unless applicable by law.**

## Education

<b>High School</b>				
School Name and Address				Did you graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If not a high school graduate, do you have a GED?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Technical or Business Schools</b>				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Colleges/Universities</b>				
School Name and Address	Number of years attended	Course of study	Did you graduate?	Degree obtained
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Augusta is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, age, national origin or disability. Applications are kept on file for 90 days.



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**References:** List three (3) personal references who are not related to you and are not previous employers.

Name	Address	Phone Number	Years Known

**Employment History:** List most recent or current job first: (please cover last eight (8) years, attach additional page if needed.)

Name of Organization	Telephone (    )	Dates Employed From mo/yr                      To mo/yr
Number and Street	City                      State                      Zip Code	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title	Name of Supervisor	Pay (hourly rate/salary) Starting                                      Final
Describe Specific Job Duties _____ _____ _____		
Reason for Leaving _____		

Name of Organization	Telephone (    )	Dates Employed From mo/yr                      To mo/yr
Number and Street	City                      State                      Zip Code	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title	Name of Supervisor	Pay (hourly rate/salary) Starting                                      Final
Describe Specific Job Duties _____ _____ _____		
Reason for Leaving _____		

Name of Organization	Telephone (    )	Dates Employed From mo/yr                      To mo/yr
Number and Street	City                      State                      Zip Code	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Official Job Title	Name of Supervisor	Pay (hourly rate/salary) Starting                                      Final
Describe Specific Job Duties _____ _____ _____		
Reason for Leaving _____		

List any additional training, skills or equipment you are skilled in operating related to the position in which you are applying. (This may include computer applications, typing speed, a CDL license, or any other skills.) \_\_\_\_\_  
\_\_\_\_\_

### Authorization and Release

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification/misrepresentation on any part of this application form and attached resume or credentials may disqualify me for employment or result in immediate dismissal, regardless of when discovered. I understand that any employment pursuant to this application shall be subject to the condition that I pass the pre-employment drug screening urinalysis test and that information regarding use of drugs may be disclosed to the appropriate county representative as a part of the employment process. I further understand that a post-offer of employment physical examination is also required for certain positions, and in those cases, employment is conditional upon successfully passing the examination. All medical information will be classified as confidential.

Signature of Applicant

Date



## APPLICANT DATA SHEET

**COMPLETION OF THIS FORM IS VOLUNTARY**

### INSTRUCTIONS:

The Augusta government is an equal opportunity employer committed to the policies and principles of affirmative action. To help us comply with federal equal opportunity record-keeping requirements, please answer the questions on this survey. This information will assist the Human Resources Department in ensuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our applicant pool. This data will be used in periodic government reporting and will be kept in a confidential file separate from the Application for Employment. Failure to submit this data will not in any way effect your present or future employment.

1. Ethnic Background (Please check only one):

- |   |  |
|---|--|
| a. <input type="checkbox"/> Caucasian (Not of Hispanic Origin)        | d. <input type="checkbox"/> Hispanic               |
| b. <input type="checkbox"/> African American (Not of Hispanic Origin) | e. <input type="checkbox"/> Asian/Pacific Islander |
| c. <input type="checkbox"/> American Indian/Alaskan Native            | f. <input type="checkbox"/> Other                  |

2. Gender:                                    a.  Male                                    b.  Female

3. Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

4. Do you currently have a disability that is covered under the Americans With Disabilities Act (ADA)?

\_\_\_\_\_ Yes                                    \_\_\_\_\_ No

5. How did you hear about this job? (Please check all that apply)

- |  |  |
|--|--|
| a. <input type="checkbox"/> Local Newspaper          | f. <input type="checkbox"/> Job Announcement |
| b. <input type="checkbox"/> State Employment Agency  | g. <input type="checkbox"/> Job Line         |
| c. <input type="checkbox"/> Minority Organization    | h. <input type="checkbox"/> Internet         |
| d. <input type="checkbox"/> Professional Publication | i. <input type="checkbox"/> Other            |
| e. <input type="checkbox"/> Current Employee         |  |

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
TITLE OR POSITION FOR WHICH YOU ARE APPLYING

**Applicants are considered for all positions without regard to race, color,**

**religion, gender, national origin, age or disability.**