



City of Sylvania
 104 South Main St.
 Sylvania, GA 30467
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 Website:
<http://www.cityofsylvaniaga.com>
 Office Hours: 8:30 A.M. - 5:00 P.M.
MONDAY - FRIDAY

FOR OFFICE USE ONLY
 No. _____
APPLICANT'S NAME:

JOB TYPE#

**POSITIONS OR JOB TITLES
 APPLIED FOR:**

GENERAL APPLICATION FOR EMPLOYMENT

READ THIS SECTION BEFORE COMPLETING THE APPLICATION.

The City of Sylvania is firmly committed to a policy of *Equal Employment Opportunity* and does not discriminate against applicants because of race, color, religion, age, national origin, sex or disability. The City is a drug-free workplace and all applicants must pass a pre-employment drug screen and physical.

This application is to be used for employment consideration with the City of Sylvania and all of its departments.

This is a general application, which will be considered for all positions for which you may be qualified.

I UNDERSTAND THAT MY APPLICATION WILL BE CONSIDERED ACTIVE FOR JOB VACANCIES, WHICH OCCUR ONLY DURING THE NEXT SIX (6) MONTHS. IF I WISH TO BE CONSIDERED FOR JOB VACANCIES OCCURRING AFTER THAT PERIOD OF TIME, I MUST RENEW MY APPLICATION.

ALL INFORMATION SUBMITTED MAY BE SUBJECT TO PUBLIC REVIEW UNDER THE GEORGIA OPEN RECORDS ACT.

I HAVE READ, OR HAVE HAD READ TO ME, THE INFORMATION LISTED ON THIS PAGE.

 Date

 Applicant's Usual Signature

APPLICATION MUST BE SUBMITTED IN PERSON BY APPLICANT TO CITY HALL UNLESS OTHERWISE DIRECTED.

THE CITY OF SYLVANIA IS AN EQUAL OPPORTUNITY EMPLOYER.

11. **EDUCATION: COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

Name of School	City, State	No. Yrs. Attended	Major/Minor	Degrees or Diplomas Received
High School				
College				
Graduate School				
Vocational School				
Miscellaneous				

12. **EMPLOYMENT: List ALL your employments, including summer and part-time for the past ten (10) years. COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED RESUME.**

Name & Address of Employer	Date From	Date To	Salary	Kind of Work	Name of Supervisor	Reason for Leaving
(a) Name						
Address (Mail/Street)						
(b) Name						
Address (Mail/Street)						
(c) Name						
Address (Mail/Street)						
(d) Name						
Address (Mail/Street)						

13. May we contact your present employer? Yes No

14. Have you ever been dismissed or asked to resign from any employment or position you have held?

Yes No

Employer's Name _____ Date _____
Reason _____

15. **MILITARY RECORD**

a. Have you ever served on active duty in the armed forces of the United States?

b. Branch _____

c. Are you now a member of the active reserves or National Guard?

d. Service Branch and Status _____

16. List any additional employment, job-related skills, abilities, training or experiences that might qualify you for a position. Use continuation sheet, if necessary. **COMPLETE THIS SECTION EVEN IF YOU HAVE INCLUDED A RESUME.**

17. Specialized Skills: Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	<input type="checkbox"/> Production/Mobile Machinery (list)	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC	<input type="checkbox"/> Spreadsheet	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word Processing	_____	_____

Est. wpm _____

18. Please list three **supervisor** references, if possible.

Name	Location	Title	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. If under 18 years of age, list name and address of parent and/or guardian.

I understand that all appointments are probationary for a period of six (6) months, during which time I must demonstrate my fitness for continued employment. I am further aware that willfully withholding information or making false statements on this application will be a basis for denial of a position prior to employment, and should such willful withholding or false statement become evident after appointment, such evidence will constitute sufficient grounds for dismissal from service with the City of Sylvania. I further understand that if I am selected for employment with the City of Sylvania that I must comply with the provisions of the Immigration Reform and Control Act of 1986 by providing documentary proof of identity and employment authorization prior to commencement of work. I fully understand and agree to these conditions. I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I authorize the City of Sylvania to investigate my previous work performance and to confirm any knowledge, skills and abilities required to qualify me for the position(s) I have indicated on this application.

If your application is considered favorably, on what date will you be available to work?_____

Date

Applicant's Usual Signature