



City of Sylvania
104 South Main St.
Sylvania, GA 30467
Phone: (912) 564-7411
Fax: (912) 564-2121
Website:

<http://www.cityofsylvania.ga.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.

NOTICE: Your answers must be typewritten or clearly **PRINTED IN INK**. **EACH QUESTION MUST BE ANSWERED.** If a question does not apply to you, place the letters **NA** directly behind the question number. If additional space is needed to permit a complete answer we will provide you with a continuation form on which to complete the answer.

LIST THE JOB TITLE(S) OR VACANT POSITION(S) YOU ARE APPLYING FOR:

1. Your Name in Full _____
(Last) (First-Given) Middle
2. Your Social Security Number ____ / ____ / ____
3. Your Present Home Address _____
Street Number Apartment Number

City State Zip Code
4. Telephone Number (____) _____. If you do not have a telephone, is there a number where we may leave a message?
5. (a) Are you over 18 years of age? _____ (b) If hired can you furnish proof of age? _____
6. Person to Notify in Case of Emergency _____
Name

Address City, State, Zip Code Telephone
7. Name of any relative(s) currently employed by the City of Sylvania:

8. Driver's License Number _____ Class _____ State _____
9. Are you a *U.S. Citizen? _____ *State Law Requires the Police Officers must be a U.S. Citizen.
10. List ALL of your residences for the past ten (10) years, beginning with the most recent and including college and/or military residences.

| Dates: From | To: | Street Address | Apt. No. | City | State | Zip Code |
|----------------|-----|----------------|----------|------|-------|----------|
| (a) | | | | | | |
| (b) | | | | | | |
| (c) | | | | | | |
| (d) | | | | | | |
| (e) | | | | | | |
| (f) | | | | | | |
| (g) | | | | | | |

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



SECURITY AND PRIVACY ACT RELEASE REQUIRED FOR ALL APPLICANTS

NAME _____ SSN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

D/O/B _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ RACE _____ SEX _____

DRIVER'S LICENCE NUMBER _____ STATE _____

OTHER STATES IN WHICH YOU HAVE HAD A DRIVER'S LICENSE IN THE PAST TEN YEARS: _____

I hereby authorize your organization to release any and all information of a confident and privileged nature from your files to the City of Sylvania, including my work records, my driving history and/or police record and photo static copies if requested.

I understand that this information will be used to determine my qualifications for the position for which I have applied and/or for my continued employment. I further understand and also realize that the information so released be held in the strictest confidence and may prove unfavorable to my being selected for the position or have an adverse affect on my present employment with the City of Sylvania.

I, therefore release your organization and/or designated representative from any and all liability resulting from the disclosure of this confidential and privileged information.

DATE

SIGNATURE

Sworn to and subscribed before me at (city and state) _____

This _____ day of _____ 20____.

NOTARY

My commission expires: _____

(SEAL)

TYPICAL INTERVIEW QUESTIONS

- ✓ Tell me about yourself?
- ✓ Why do you think you will be successful in this position?
- ✓ What kind of experience do you have for this job?
- ✓ How long will it take for you to make a contribution in this position?
- ✓ What accomplishments are you most proud of in your current position or here at xyz?
- ✓ What are three strengths and weaknesses that you have as a professional?
- ✓ Can you work under pressure?
- ✓ Why should we hire you?
- ✓ What sets you apart from your peers?
- ✓ What have you learned from your current job?
- ✓ Describe a difficult problem you've had to deal with.
- ✓ Why do you want to leave your current position?
- ✓ What kind of decisions are the most difficult for you?
- ✓ What are some of the difficulties you encounter on your job and how do you handle them?
- ✓ What tasks are most difficult for you?
- ✓ What kind of people do you work well with?
- ✓ What qualities do you think it takes to be successful in this position?
- ✓ What have you done to prepare for this new position?