Employment Application

Date:					HEORGIA
Name:					City of Clay Valley
Address:					City of Sky Valley 3444 Highway 246
State/Province:					Sky Valley, GA 30537
Zip/Postal Code:					Phone: 706-746-2204
SS Number:					Fax: 706-746-5893 www.skyvalleyga.com
Home Phone:					
Cell Phone:					
Positions Applied for:					
Salary Desired:					
Hours Available to Wor	k:				
○ Full-Time ○ Part	t-time Full or part-time				
When available to begin	n work?				
Education					
Type of School	Name of School and Co	mplete Mailir	ng Address	No. Years Completed	Major or Degree
High School					
College Bus. or Trade School					
Professional School					
Other					
	mployed by the City of Sky Val Held & Separation Date	ley?		☐ Yes ☐ No	
	tives currently employed by the lationship & Department	City of Sky	Valley?	☐ Yes ☐ No	
Have you ever been coll f yes, please explain	nvicted of a crime: O yes) no			
Do you have a drivers li	cense? () yes () no				
State of issue:					
	ents in the past 3 years?	() yes	Ono	How many?	
	violations in the past 3 years?	yes	Ono	How many?	

Previous Employment (list up to 3)

1.					
Name of Employer:					
Name of last supervisor:					
Dates of employment: From:		Го:			
Salary:		L			
From:		Го:			
Complete Address:					
Phone #:					
Last job title:					
Reason for Leaving (be s	pecific):				
List the jobs you held, du	ıties performed, :	skills used or learned, ac	vancements, or promoti	ons while you worke	d at this company:
May we contact your em	ployer:	no			
2.					
Name of Employer:					
Name of last supervisor:					
Dates of employment:					
From:	1	Го:			
Salary:					
From:	1	Го:			
Complete Address:					
Phone #:					
Last job title:					
Reason for Leaving (be s	pecific):				
List the jobs you held, du	ıties performed, :	skills used or learned, ac	vancements, or promoti	ons while you worke	d at this company:
May we contact your em	ployer: yes	no			

5.					
Name of Employer:					
Name of last supervisor	*:				
Dates of employment:					
From:	7	To:			
Salary:					
From:	7	То:			
Complete Address:					
Phone #:					
Last job title:					
Reason for Leaving (be	specific):				
	•				
List the jobs you held, d	luties performed, :	skills used or learned, ad	vancements, or promoti	ions while you worked at th	is company:
May we contact your en	nployer:) yes	no (
,	,,p.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.10			
Skills:					
Typing:					
Computer: OPC					
Applications (list all tha	it apply):				
Other Skills:					
Please list 2 r	eferences	other than rel	atives and pre	evious employe	rs
Name					
Position					
Company					
Telephone					
Use this space to add ar	ny additional infor	rmation necessary to des	ribe your full qualificat	ions for the position which	you are applying

SECTION F: APPLICANT'S STATEMENT AUTHORIZATION FOR RELEASE OF PERSONAL RECORDS

Driver's License Number & Expiration Date

FOR PERSONNEL DEPARTMENT USE ONLY

City of Sky Valley

I authorize a full background investigation of all information contained in or attached to this application including contacting any or all employers, personal references or others who may have knowledge of my experience, skills and personal attributes. I certify that any entity or individual who releases any record consistent with this authorization shall not be held accountable for releasing any record or records and expressly release any entity or individual from any or all liability which could be incurred as a result of releasing said record or records.

I have read the foregoing and understand its contents. I also understand that the City of Sky Valley requires that I verify as true and accurate all information submitted by me on any application for employment. By my submission of this on-line application, I am declaring all information submitted is true and correct, just as though my signature were placed on this application to verify same. I further understand that misrepresentation or omission of facts or information may result in disqualification for the position applied for, or if employed, disciplinary action up to and including dismissal.

State Issued & Class	
Please attach any additional information with your application which you feel will help in your qualifications. Before you turn in your application to the Personnel Departmer application to make sure it is correct and complete. Any offer of employment may be conting criminal and/or credit check, drug/alcohol screen, polygraph test, and/or physical examination	nt, re-check your ngent on passing a
Signed By	_