

# CITY OF POOLER EMPLOYMENT APPLICATION

Internal Use Only Q _____ NQ _____
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◆ Human Resources Department ◆ 100 SW HWY 80 ◆ Pooler, GA 31322 ◆

All information provided on this application MUST BE CURRENT AND COMPLETE so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, sex, sexual orientation, gender identity, religion, national origin, citizenship, age disability, or pregnancy. The City of Pooler will hire only authorized workers regardless of national origin. Please print legibly and use ink when signing this application. Please complete one application for each position for which you are applying. APPLICATIONS THAT ARE NOT SIGNED AND DATED OR ARE INCOMPLETE WILL BE REJECTED. YOU MAY ATTACH A RESUME TO YOUR COMPLETED APPLICATION; HOWEVER, RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION.

“The City of Pooler is an Equal Opportunity Employer”



Position applied for: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Referred By: \_\_\_\_\_

How did you hear about this opening? \_\_\_\_\_

Date available for work: \_\_\_\_\_ Are you over the age of 18?  YES  NO

Are you eligible to work in the United States because you are a U.S. Citizen or have the U.S. government’s permission to do so?  YES  NO

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in termination.

Give name, relationship & department of any family or friends that you have working for the City? \_\_\_\_\_



## PERSONAL INFORMATION

\_\_\_\_\_  
LAST NAME FIRST (LEGAL) MIDDLE

\_\_\_\_\_  
STREET APT# CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE CELL PHONE OTHER

\_\_\_\_\_  
EMAIL ADDRESS



## EDUCATION HIGH SCHOOL

Name & Location: \_\_\_\_\_  
(Please list last high school that you attended)

Check highest grade completed:  9  10  11  12      Graduated:  YES  NO

If not a high school graduate, do you have a GED:  YES  NO

**COLLEGE/UNIVERSITY**

NAME OF SCHOOL	City and State	Graduated? Yes or No	MAJOR

Describe any specialized training, qualifications, apprenticeships/internships, skills and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. (Use additional pages if necessary).

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**BACKGROUND INFORMATION**

List any other names which you may have used and which will be necessary to verify your prior employment?

Have you ever been terminated or asked to resign from a job?       YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever pled "no contest", nolo contendere, or guilty to a crime or traffic violation, or been convicted of a crime within the last seven years?       YES  NO

If you answered yes, provide type of conviction, date of conviction and State: \_\_\_\_\_

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Have you ever been a defendant in a lawsuit for an intentional tort?       YES  NO

What was the disposition of that lawsuit? \_\_\_\_\_

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Are any charges currently pending against you?       YES  NO



**WORK EXPERIENCE**

<p><b>MILITARY SERVICE INFORMATION</b> This information is furnished on a voluntary basis.</p> <p>Check all that apply to you:    <input type="checkbox"/> Veteran    <input type="checkbox"/> Disabled Veteran    <input type="checkbox"/> Vietnam Era Veteran</p> <p>Dates of Service: _____ to _____      Branch _____</p> <p>If Vietnam Era Veteran, have you been certified by the State Office of Affirmative Action? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p> <p>If yes, what is the Certification #? _____</p> <p>(Please attach Form DD-214 or a copy of SOAA certification.)</p>
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The City of Pooler reserves the right to contact all previous employers for references, however, we will not contact your current employer without your permission.

Current Organization or Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street  
Dates Employed:  
From M/Yr \_\_\_\_\_ To M/Yr \_\_\_\_\_  
City State Zip

Supervisor: \_\_\_\_\_ Pay Start \_\_\_\_\_ End \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Eligible for Rehire:  YES  NO

Job Duties: \_\_\_\_\_

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Name of Organization or Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street  
Dates Employed:  
From M/Yr \_\_\_\_\_ To M/Yr \_\_\_\_\_  
City State Zip

Supervisor: \_\_\_\_\_ Pay Start \_\_\_\_\_ End \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Eligible for Rehire:  YES  NO

Job Duties: \_\_\_\_\_

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Name of Organization or Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street  
Dates Employed:  
From M/Yr \_\_\_\_\_ To M/Yr \_\_\_\_\_  
City State Zip

Supervisor: \_\_\_\_\_ Pay Start \_\_\_\_\_ End \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Eligible for Rehire:  YES  NO

Job Duties: \_\_\_\_\_

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Use this space to explain any gaps of 6 months or more in your work history: \_\_\_\_\_

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REFERENCES

Give the names and addresses of persons who know you (not relatives). (We will assume we have your permission to contact these people unless you indicate to the contrary.)

Name _____	Name _____	Name _____
Phone # _____	Phone # _____	Phone # _____
Profession _____	Profession _____	Profession _____
Years _____	Years _____	Years _____
Known _____	Known _____	Known _____



APPLICANT STATEMENT

I understand that if I am hired it will be "at will". I further understand that I have the right to terminate my employment at any time with or without notice, and under certain circumstances the city has the same right.

Georgia employers have a qualified privilege to disclose factual information on job performance or abilities of employee or former employee, made at request of employee or a prospective employer, including disclosures involving violations of law. Employers are presumed to be acting in good faith when disclosing factual information concerning job performance, ability or violations of law (GA. Code §34-1-4). I understand that the City of Pooler may contact any and/or all of my previous employers and I authorize those employers to disclose to the City all records and other information pertinent to my employment with them. If hired, I also authorize the City to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand that the first SIX MONTHS of regular employment represent a provisional period during which I will not be eligible to apply for a transfer or promotion and during which I may be terminated without the right of appeal. If employed, I agree to conform to the employment policies and procedures of the City. I understand that completion of this application for employment does not guarantee that I have been employed by the City. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the City of Pooler.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made on this Employment Application may result in my not being considered for employment, and if not discovered by the City until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the City requires the successful completion of a urinalysis for drug testing purposes, background check and/or medical examination (where applicable for certain positions) to the extent permitted by law as a condition of employment. I authorize the City of Pooler to investigate my driving record, my criminal record and my credit history (when applicable for certain positions). By submitting this Application for Employment, I hereby consent to either or both of said tests, at the City of Pooler's discretion.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_