



**CITY OF WAYCROSS, GEORGIA
APPLICATION FOR PUBLIC SAFETY EMPLOYMENT**

www.waycrossga.com

GENERAL INFORMATION AND INSTRUCTIONS

Evaluations of applications are based on individual merit. Information must be complete. Your ability to complete this application will be evaluated and used as one basis for employment decisions. This application must be typed or printed in ink. False or misleading statements or deliberate evasive answers will be grounds for rejection of this application, or dismissal at a later date. A resume may be attached to provide additional information, but does not take the place of completing the application itself. Minimum age requirement - Police Officer: 21 years-of-age/Firefighter: 18 years-of-age

PERSONAL DATA			
LEGAL LAST NAME	LEGAL FIRST NAME	INITIAL	DATE
PREFERRED NAME			
ADDRESS		CITY	STATE ZIP
EMAIL ADDRESS	TELEPHONE(Home)	TELEPHONE (Cell)	TELEPHONE (Work)
OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED:			
*ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?	<input type="checkbox"/> YES <input type="checkbox"/> No	DO YOU HAVE FRIENDS OR RELATIVES EMPLOYED WITH THE CITY: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT ARE THEIR NAMES AND RELATIONSHIP?	
HAVE YOU EVER APPLIED WITH THE CITY BEFORE?	IF YES, GIVE DATE AND POSITION APPLIED FOR:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN EMPLOYED WITH THE CITY BEFORE?	IF YES, GIVE POSITION & DATES OF EMPLOYMENT:		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR WITHIN THE PAST 7 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, LIST DATE, OFFENSES & DISPOSITION (CONVICTIONS ARE NOT ALWAYS AN AUTOMATIC DISQUALIFICATION FOR EMPLOYMENT)			

**Applications are active for 6 months. Submit application and resume to:
City of Waycross, ATTN: Human Resources Department
417 Pendleton Street, Post Office Drawer 99, Waycross, GA 31502-0099 or fax to (912) 287-9160**

EDUCATION/TRAINING			
SCHOOL OR INSTITUTION	NAME & ADDRESS OF SCHOOL	MAJOR	DEGREES AND/OR DIPLOMAS EARNED
HIGH SCHOOL			
COLLEGE			
COLLEGE			
OTHER			

OTHER APPLICABLE CERTIFICATIONS / TRAINING / LICENSES HELD:

U.S. MILITARY SERVICE / BRANCH	DATES:	HIGHEST RANK HELD:	SPECIAL TRAINING / CERTIFICATIONS:
PLEASE INDICATE ANY FOREIGN LANGUAGES THAT YOU . . .	ARE YOU TAKING ANY EDUCATIONAL COURSES AT PRESENT TIME?		IF YES, WHAT AND WHERE?
<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE			
DRIVER'S LICENSE INFORMATION IF REQUIRED BY JOB: NUMBER & STATE	TYPE	EXPIRATION DATE	

EMPLOYMENT INTERESTS		
POSITION APPLYING FOR (YOU MUST BE SPECIFIC):	SALARY EXPECTED:	DATE AVAILABLE:
TYPE OF EMPLOYMENT YOU ARE SEEKING <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER	CAN YOU PERFORM THE ESSENTIAL FUNCTION OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	SHIFTS YOU CAN WORK <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> ANY
HOW WERE YOU REFERRED TO THE CITY? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> INTERNET JOB BOARD <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYMENT SOURCE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CITY WEBSITE <input type="checkbox"/> OTHER	NAME OF REFERRAL SOURCE	

REFERENCES			
List at least 3 personal references that may be contacted as part of the selection process for the City of Waycross. Do not include family members or past supervisors. All information requested below must be completed.			
NAME, ADDRESS, CITY, STATE AND ZIP	TELEPHONE	OCCUPATION	RELATIONSHIP / YEARS KNOWN

EMPLOYMENT HISTORY			
Give employment record as completely as possible, listing current or most recent employer first. Show unemployed or self-employed periods and indicate dates and comment on each period. You may use extra sheets for additional information.			
COMPANY NAME	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH / YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HOUR/MONTH/WEEK) START: End:
DESCRIPTION OF DUTIES		REASON FOR LEAVING	
IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMPANY NAME	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH / YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HOUR/MONTH/WEEK) START: END:
DESCRIPTION OF DUTIES		REASON FOR LEAVING	
IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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DESCRIPTION OF DUTIES		REASON FOR LEAVING	
IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

RESIDENTIAL HISTORY

List your previous addresses for the past 10 years in chronological order, **most recent first.**

Address	City	State	Zip

SECURITY

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or any oral statements made at any time during the recruiting process or supplementary materials will be cause for refusal to hire or for immediate discipline, up to and including my termination regardless of when the false statement is discovered. I authorize the City of Waycross to contact any of my past employers, except as otherwise indicated, and/or schools and authorize my past employers and/or schools to furnish any information concerning my previous employment and/or education. I release this company and all persons and organizations from all claims and all liabilities of any nature arising from such investigations or the supplying of information for such investigations. In making this application for employment I also understand that any investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry may include information on my character, general reputation and personal characteristics. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report.

If hired, I will be required to submit proof of authorization to work in the U.S. I acknowledge that the City of Waycross is participating in E-Verify, a program that is operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) to electronically verify the employment eligibility of their newly hired employees.

I understand that my employment is at will and is for no definite period of time. My employment may be terminated at any time by the company or by me, with or without cause. I have read and understand the foregoing statements and accept the same as conditions of employment.

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Signature

Date

**Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the City will verify the status of every individual offered employment with the City. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and, upon employment, it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.*

APPLICANT CONSENT AND RELEASE FOR BACKGROUND INVESTIGATION

To Whom It May Concern:

I am an applicant for a position with the City of Waycross. I hereby authorize the City of Waycross' authorized representative bearing this release, or copy thereof, within one year of the date indicated below to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Waycross. Consent is granted for the City of Waycross to furnish the above information to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, or any related personnel both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

Full Name (Please Print)

Social Security Number

Date of Birth

Signature of Applicant

Date

Phone

Address

Notary Public

Please Place Commission and Seal

APPLICANT RECORD

Persons applying for jobs are considered for all positions open and employees are treated during employment without regard to race, color, religion, sex, national origin, age, material or veteran status, medical condition, disability or any other legal protected status.

As an employer, we comply with government regulations and affirmative action responsibilities.

Information for periodic government reporting will be kept in a Confidential File separate from the Application Form for Employment.

(Please Print Applicant Information)

Date _____ / _____ / _____ Telephone (_____) _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____
Street City State Zip

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-in

Employment Agency Other _____

Check one: Male Female Date of Birth: _____

Information on sex, race and ethnic background is collected for record keeping and compliance with Federal Laws. Your answers are **completely voluntary** and will only be used for statistical reporting purposes. Your voluntary reply will in no way affect your consideration for this or future chances of employment with the City of Waycross.

Upon receipt of your application, this information will be removed and kept separately from the application files – it will not be used as basis for making employment decisions. If you choose not to provide this information, please check “**I choose not to provide this information.**”

EEO CLASSIFICATION

Please note: If you are of mixed racial and/or national origin, identify yourself by the category with which you most closely identify yourself. Place a “check” next to the appropriate category. ***Note: Check only one.***

White (not of Hispanic Origin)

Black (not of Hispanic Origin)

Asian or Pacific Islander

American Indian or Alaskan (Native Affiliation)

I choose not to provide this information.

Hispanic