



Opportunity in every direction.

Office of the Human Resources Director

Dear Applicant:

Thank you for your interests with the City of Waycross. Here are the guidelines to follow before and after submitting an application for employment with the City of Waycross.

- Please make sure that applications are completed accurately and signed. Incomplete applications will be disqualified for renew.
- If a position is advertised, applications will be taken only during the specified period. No applications will be taken after the deadline for the position.
- Applications are taken at all times and kept for 6 months, after 6 months you must submit a new application.
- If you are applying for more than one position you must fill out a separate application for each position.
- **Due to volume of applications received by our department, no information concerning the status of the application will be give over the phone or in person. Application status will be sent by mail.**
- If selected for an interview, you must arrive on time or you will not be considered for employment. After you are interviewed we will notify you by mail of our decision. No information will be given over the phone.

Information about the positions can be found on our website at www.waycrossga.com and are advertised on channel 42.

DRIVERS LICENSE INFORMATION

Employment with the City of Waycross requires a valid GA driver’s license with a satisfactory motor vehicle record. If Commercial Driver’s License (CDL) is required of the position for which you are applying or if the essential functions of the position for which you are applying require the operation of a vehicle of any kind, please complete this section and attach a copy of your current driver’s license to this application for verification.

Do you have a current and valid GA driver’s license? _____ Yes _____ No

Drivers License Number	State	Class	Expiration Date
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List all the restrictions on your current driver’s license: _____

Conviction Record – Failure to answer the following question will disqualify you from further consideration of your application. Have you ever been **CONVICTED OF**, plead guilty to, or no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and/or felonies), in any court other than Juvenile Court? Check one: _____ Yes _____ No

If yes, please explain: _____

Education History

Level	School Name	Years Completed (Circle)	Diploma or G.E.D. Degree/Major(s)
High School		9 10 11 12	
University or Technical Schools		1 2 3 4	
Graduate or Professional Schools		1 2 3 4	

Please list any special skills, certifications or training: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	EMPLOYER	DATES EMPLOYED		HOURLY RATE/SALARY		WORK PERFORMED
		FROM	TO	STARTING	FINAL	
	ADDRESS					
	JOB TITLE					
	SUPERVISOR					
	REASON FOR LEAVING					
2	EMPLOYER	DATES EMPLOYED		HOURLY RATE/SALARY		WORK PERFORMED
		FROM	TO	STARTING	FINAL	
	ADDRESS					
	JOB TITLE					
	SUPERVISOR					
	REASON FOR LEAVING					
3	EMPLOYER	DATES EMPLOYED		HOURLY RATE/SALARY		WORK PERFORMED
		FROM	TO	STARTING	FINAL	
	ADDRESS					
	JOB TITLE					
	SUPERVISOR					
	REASON FOR LEAVING					
4	EMPLOYER	DATES EMPLOYED		HOURLY RATE/SALARY		WORK PERFORMED
		FROM	TO	STARTING	FINAL	
	ADDRESS					
	JOB TITLE					
	SUPERVISOR					
	REASON FOR LEAVING					

If you need additional space, please continue on a separate sheet of paper.

Please answer yes or no to the following questions; attach additional sheets as needed.

1. Have you previously worked for any department of the City of Waycross or does the City presently employ you?
_____ Yes _____ No

If yes, what year? _____ Department _____

2. Are you related to anyone working for the City of Waycross? _____ Yes _____ No

If yes, complete the following:

Department _____ Name _____ Relationship _____

Department _____ Name _____ Relationship _____

3. Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons?
_____ Yes _____ No

If yes, state name and address of employer and explain the circumstances _____

4. Have you served in the Military? _____ Yes _____ No

If yes, did you receive an honorable discharge? _____ Yes _____ No

If no, please explain. _____

(Note: Discharges less than honorable do not necessarily prevent employment and may only warrant further investigation.)

REFERENCES: *(Give name, address and telephone number of three references who are not related to you and are not previous employers)*

1. _____

2. _____

3. _____

**SPECIAL EMPLOYMENT NOTICE TO:
DISABLED VETERANS, VIETNAM ERA VETERANS,
AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified and disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973 as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed _____

RELEASE AND AUTHORIZATION – READ CAREFULLY BEFORE SIGNING

I certify that I have made no willful misrepresentation in this application, my resume and/or any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct and complete. I am aware that the information given by me in my application may be investigated. I agree to provide supplemental information if requested by the City of Waycross's designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City's designated physician are grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Director of Human Resources or designee in a timely manner. I further understand that this application, resume and any other documents attached become the property of the City of Waycross and will not be returned. I understand and voluntarily authorize and request, without any reservation, any party or agency contacted by the City of Waycross including present and prior employers to furnish requested information to support my application.

Signature _____ Date _____

For Human Resources Use Only

Applicant Name: _____ Position Applied For: _____

Q		NQ	
Contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Letter Sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
H:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Start Date:	_____		
Grade/Rate:	_____ / _____		

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, marital 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 (_____) _____

Name: _____
Last First 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**