

Employment Application

City of Louisville
1011 Peachtree Street
Louisville, Georgia 30434

Phone: (478) 625-3166
Fax: (478) 625-8928
Email: City_Louisville@bellsouth.net

Position Applying For: _____

_____ Date of Application

How did you learn about this position? (Please check all that apply.)

Newspaper Ad ___ City Employee ___ City's Website ___ Friend ___

May we contact your current employer? Yes ___ No ___

Do you have any relatives who work for the Louisville? Yes ___ No ___ If yes, please list name & relationship below:

Last Name	First Name	Middle Name	Social Security Number
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Home Address	City	State	Zip
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Mailing Address	City	State	Zip
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_____	() _____	() _____
Email Address	Home Telephone Number	Alternate Telephone Number

Do you have a valid driver's license? Yes ___ No ___ If yes, please attach a copy of your current driver's license to this application.

Do you have a legal right to work in the United States? Yes ___ No ___

Have you ever been employed by the City of Louisville? Yes ___ No ___ If yes, name previous used.

Have you been convicted of a felony in the last 7 years? Yes ___ No ___ (Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

Education & Training

HS Diploma Yes ___ No ___ GED Yes ___ No ___ Highest Year Completed _____ College/Technical School Yes ___ No ___

Name of College/University/Technical School	Type of Degree/Diploma	Major Area of Study
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The City of Louisville is an Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, political affiliation, age, disability, marital status, sexual orientation, family responsibilities, military obligations or other non-merit factors. Applicants with a known disability as defined under the Americans with Disabilities Act who need an accommodation in the recruitment or selection process must request this accommodation no later than 48 hours prior to the need.

Employment History

Indicate ALL periods of employment, unemployment, education, or military service during the past 10 years. Experience obtained over 10 years ago that is relevant to the position for which you are applying must be included in your employment history. Attach additional sheet(s) if necessary. You may include a resume with this application, but all information on the application must be completed. **DO NOT STATE, "SEE RESUME". NO ADDITIONAL WORK HISTORY INFORMATION WILL BE ACCEPTED AFTER RECRUITMENT HAS CLOSED.**

Employer _____	Date Employed (Month/Year)	Date Employed (Month/Year)
Address _____	/	/
City _____ State _____ Zip _____		
Name of Supervisor _____ Telephone Number _____		
Status: Full Time [<input type="checkbox"/>] Part-time [<input type="checkbox"/>] Volunteer [<input type="checkbox"/>] Seasonal [<input type="checkbox"/>] Temporary [<input type="checkbox"/>]		
Job Title _____		
Job Duties _____		

Reason for Leaving _____		

Employer _____	Date Employed (Month/Year)	Date Employed (Month/Year)
Address _____	/	/
City _____ State _____ Zip _____		
Name of Supervisor _____ Telephone Number _____		
Status: Full Time [<input type="checkbox"/>] Part-time [<input type="checkbox"/>] Volunteer [<input type="checkbox"/>] Seasonal [<input type="checkbox"/>] Temporary [<input type="checkbox"/>]		
Job Title _____		
Job Duties _____		

Reason for Leaving _____		

Employment History

Include all periods of employment (employment, education, military service) during the past 10 years. For entries starting less than 10 years ago that is relevant to the position for which you are applying must be included in your employment history. Attach additional sheet(s) if necessary. You may include a resume with this application, but all information on the application must be completed. **DO NOT STATE, "SEE RESUME". NO ADDITIONAL WORK HISTORY INFORMATION WILL BE ACCEPTED AFTER RECRUITMENT HAS CLOSED.**

Employer _____	Date Employed (Month/Year)	Date Employed (Month/Year)
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Name of Supervisor _____ Telephone Number _____		
Status: Full Time [] Part-time [] Volunteer [] Seasonal [] Temporary []		
Job Title _____		
Job Duties _____		

Reason for Leaving _____		

Employer _____	Date Employed (Month/Year)	Date Employed (Month/Year)
Address _____	/	/
City _____ State _____ Zip _____		
Name of Supervisor _____ Telephone Number _____		
Status: Full Time [] Part-time [] Volunteer [] Seasonal [] Temporary []		
Job Title _____		
Job Duties _____		

Reason for Leaving _____		

REFERENCES

PROFESSIONAL REFERENCES (not personal):

List 3 people not related to you who can comment on your work performance.

Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

PERSONAL REFERENCES:

List 3 people not related to you who can provide a character reference about you.

Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

PREVIOUS ADDRESSES:

List addresses you have lived at prior to your current address going back 10 years.

#	Address	City	State	Zip Code	# of Years
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: _____ Relationship: _____ Tel. () _____
 Address: _____ City: _____ State: _____ Zip: _____

PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the City of Louisville may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the City of Louisville. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the City of Louisville for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

Signature of Applicant

Date

Printed Name

(Forward to Human Resources Director)

