

If you are interested in applying for one of our positions, please this application mail it to:
The Department of Human Resources, City of Brunswick, P.O. Box 550, Brunswick, Georgia 31521.
For further information, call 912-267-5062.

CITY OF BRUNSWICK

P.O. Box 550
 700 Gloucester Street
 Brunswick, Georgia 31520
 912-267-5062 FAX 912-267-5065

EMPLOYMENT APPLICATION

Position applying for _____
 Date _____

Thank you for your interest in employment with the City of Brunswick. We offer equal employment opportunities to all persons without regard to race, color, religion, sex, age, national origin, disability, and veteran or any other legally protected status.

PERSONAL INFORMATION

Name _____ Social Security No. _____

Current Address _____
 (Street) (City) (State) Zip)

How long have you lived at this address? _____ Telephone No. _____

Previous Address _____ How Long? _____

Are you over 18 years of age? Yes ___ No ___ Do you have the legal right to work in the United States? Yes ___ No ___

Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___ If yes, explain: _____

Type of employment: Full time ___ Part time ___ Temporary ___ Salary/Wage expected: _____

Do you have a Georgia Driver's License? Yes ___ No ___ Other ___ License Number and Expiration Date _____

Circle Class Type: A B C M P Do you have any other special training or skills? _____

Have you applied for a job with the City of Brunswick before? Yes ___ No ___

Have you ever been employed by the City of Brunswick before? Yes ___ No ___

If yes, list job(s) held and dates(s) of employment _____

List any friends or relatives employed by the City of Brunswick _____

EDUCATION

SCHOOL	NAME AND LOCATION	NO. OF YEARS	DID YOU GRADUATE?
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
OTHER (SPECIFY)			

EMPLOYMENT HISTORY

List each job held starting with your most recent employer, including military service assignments, and periods of unemployment.

Employer _____ Supervisor _____
Address _____ Telephone No. _____
Date of Hire _____ Starting Pay _____ Date Left _____ Last Pay _____
Job title and duties _____
Reason for leaving _____ May we contact this employer? Yes ___ No ___

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Address _____ Telephone No. _____
Date of Hire _____ Starting Pay _____ Date Left _____ Last Pay _____
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REFERENCES

Do not list relatives or former employers.

Name and Occupation	Address(include city, state & zip)	Telephone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between the City of Brunswick and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Brunswick unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Brunswick retains the same right.

I understand that prior to being offered employment with the City of Brunswick, I may be requested to take an examination. In the event I have a disability which will affect my ability to take the test, I will so inform the City of Brunswick prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The City of Brunswick reserves the right to require medical documentation concerning the need for the accommodation. I further understand that if an offer of employment is tentatively made to me, it is conditioned upon my successful completion of a medical examination, which may include screening for controlled substances. I also understand, that I may be asked to undergo a medical examination, including screening for controlled substances from time to time during my employment.

I understand that if employed, policies and rules, which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established City procedures.

Signature of Applicant

Date