



**City of Dawsonville**  
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 Website: [www.dawsonville-ga.gov](http://www.dawsonville-ga.gov)

## Application for Employment

**PERSONAL INFORMATION:**

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

SSN: \_\_\_\_\_

Name: Last First Middle

Present Address: Street City State Zip

Permanent Address: Street City State Zip

Phone Number: (Area Code) Referred by:

**EMPLOYMENT DESIRED:**

Position: Date you can start? Salary Desired:

Are you employed now? If so, may we inquire of your present employer

Ever applied to the City before? Where When

**EDUCATION:**

NAME	LOCATION	LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED & DEGREE(S) REC'D

Subjects of special study or research work:

\_\_\_\_\_

Activities other than religious (Civic, athletic, etc.):

\_\_\_\_\_

**FORMER EMPLOYMENT:** List four employers starting with present to last.

Date, Month & Year	Name & Address of Employer	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**REFERENCES:** List below the names of three people not related to you whom you have known at least one year.

Name	Address	Business	Years Acquainted

**PHYSICAL RECORD:** Do you have any physical condition, which may limit your ability to perform the job applied for? This question is voluntary, and any answers will be kept confidential.

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**EMERGENCY CONTACT:**

In case of an emergency notify:

Name:

Address

Phone

**CERTIFICATION: Read carefully before signing and dating. Unsigned applications will be returned.**

I certify that all information on this application is correct. I authorize any agent or employee of the City of Dawsonville to verify this information and to release it to anyone who may consider me for employment. I understand that intentionally providing false information on this form or attachments is cause for cancellation of this application or immediate discharge from city employment, whenever it is discovered. I agree and consent to a comprehensive background check (conviction will not necessarily be a bar to employment. Each instance and your explanation will be considered in relation to the position for which you are applying).

Date

Signature:

**DRIVING RECORD:**

License Number	Class	State	Expiration Date

A three-year MVR (Motor Vehicle Report) will be obtained for all new city employees applying for positions which require use of city vehicles.

Prospective Employees MUST PASS A DRUG TEST AND COMPREHENSIVE BACKGROUND CHECK.  
RESUMES/APPLICATIONS WILL BE HELD FOR 90 DAYS