

Return to:

City of Dawsonville  
Human Resources  
415 HWY 53 E, Suite 100  
Dawsonville, GA 30534



# EMPLOYMENT APPLICATION

[www.dawsonville-ga.gov](http://www.dawsonville-ga.gov)

(706) 265-3256

The City of Dawsonville is an Equal Opportunity Employer and a Drug Free Workplace

**NOTE: All fields must be answered fully in order to be considered for employment. Application must be in ink. Please ask for assistance if any portion of the application is unclear. An application is required for each position applying for.**

## APPLICANT INFORMATION

Last Name				First		Middle		Date	
Street Address						Apartment/Unit#		PO Box	
City						State		Zip Code	
Home Telephone				Other Phone		Email Address			
Position Desired			Full-time		Part-time		Date Available for Employment		Salary Desired
Have you ever been employed with the City of Dawsonville? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes" Position Held: _____ Date: _____									
Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO						May we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you authorized to be employed in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO									
Note: If offered employment, you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the U.S.									
Have you ever been convicted of violating any law; including traffic violations? <input type="checkbox"/> YES <input type="checkbox"/> NO									
A "yes" answer will not necessarily disqualify you from employment. If "yes" please explain:									

## MILITARY

Branch		Date of Service		Highest Rank Attained		Type of Discharge	
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If served in the Military, please include a copy of your DD214

## EDUCATION

High School		City/State		Highest Grade Completed		7 8 9 10 11 12 GED	
Trade (or Apprentice) School		City/State		From: _____ To: _____		Specialty	
College or Business School		City/State		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Degree:							
Subjects of special study or research work:							
Describe special vocational or business courses you have taken which relate to the job for which you are applying:							
Special Certifications:							

**FORMER EMPLOYMENT**

Describe your work history for the past ten (10) years and any relevant work history regardless of age, beginning with your current or most recent job. Include volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in disqualification. Complete addresses with zip codes and telephone numbers for all former employment is required. Attach additional sheets if necessary.

Note: A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Company Name		Telephone Number	Supervisor
Street Address	City	State	Zip Code
Employment Dates: From:                      To:		Position Held	Annual Salary
Describe your duties:			
Reason for leaving:			

Company Name		Telephone Number	Supervisor
Street Address	City	State	Zip Code
Employment Dates: From:                      To:		Position Held	Annual Salary
Describe your duties:			
Reason for leaving:			

Company Name		Telephone Number	Supervisor
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Company Name		Telephone Number	Supervisor
Street Address	City	State	Zip Code
Employment Dates: From:                      To:		Position Held	Annual Salary
Describe your duties:			
Reason for leaving:			

**PHYSICAL RECORD**

Do you have any physical conditions, which may limit your ability to perform the job you have applied for?     YES  NO  
 Please explain:

*This question is voluntary, and any answers will be kept confidential.*

**DRIVING RECORD**

A three (3) year Motor Vehicle Record Report will be obtained for all new employees and run annually on existing employees.

### REFERENCES

List the names, address and telephone numbers of four (4) professional references who are not previous employers or relatives.

Name	Telephone Number	Years Acquainted
Street Address	City & State	Zip Code
Name	Telephone Number	Years Acquainted
Street Address	City & State	Zip Code
Name	Telephone Number	Years Acquainted
Street Address	City & State	Zip Code
Name	Telephone Number	Years Acquainted
Street Address	City & State	Zip Code

### DRUG FREE WORKPLACE ACKNOWLEDGEMENT

The City seeks to promote an alcohol and drug-free workplace in order to best protect the safety and well being of its workforce, its citizens and to increase productivity. The use of alcohol or controlled substances by City employees while on the job constitutes a direct threat to property and the safety of others. The safety of citizens and other employees depends upon the ability of employees to think clearly with unimpaired faculties. To meet this goal the problem of alcohol and controlled substance abuse must be identified, confronted, and defeated. All employees must pass a drug screening test as a condition of beginning employment with the City. Such testing must take place after an applicant has been extended an offer for a position. The City maintains the right to require testing at random intervals during the year while on duty to ensure an alcohol and drug free work place, as may be directed by the Mayor.

By signing this form, you acknowledge the above and consent to such examination and screening test.

Applicant's Signature:

Date:

### APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all the information provided by me in this application is true and complete, and I understand that misrepresentations, omission of facts, or falsification of information are grounds for refusal to hire, or if hired, termination.

I authorize you to request, receive, and verify all information given by me in this application for employment.

If I am employed by the City of Dawsonville Government, I agree to conform to the most current policies, rules and regulations of the government set forth in the City of Dawsonville Personnel Policy and Ordinances.

I understand that this application is not a contract of employment. I further understand that if I become employed by the City of Dawsonville Government, my employment is at-will and not a contract of employment, and may be terminated with or without cause at any time by me or the City of Dawsonville Government.

I agree, if hired, to a comprehensive background check.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant's Signature:

Date:

- **Applications/Resumes become the property of the City of Dawsonville and subject to the Georgia Open Records**
- **The City of Dawsonville Government is dedicated to a policy of non-discrimination. All qualified applicants will receive consideration for employment regardless of race, color, national origin, sex, religion, age or disability.**
- **All applications and resumes will be kept on file for six (6) months from the date of application.**
- **Unsigned applications will be disqualified.**