



City of Bowdon

136 City Hall Avenue
Bowdon, Georgia 30108
(770)258-8980

Employment Application

Applicant Information All Applicants May Be Tested for Illegal Drugs

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the City of Bowdon?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____	
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Do you have a driver's license? YES NO

What is your means of transportation to work? _____

Driver's license # _____ State _____ Type _____ Expiration Date _____

Have you had any accidents during the past three years? YES NO How Many? _____

Have you had any moving violations in the past three years? YES NO How many? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

1. Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

2. Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

3. Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



City of Bowdon

Telephone 770-258-8980 • Fax 770-234-4277

MAYOR
Jim Chaffin
COUNCIL MEMBERS
Wes McEntyre
Martin Johnson
Noah Steed
Jan Johnson
CITY MANAGER
Gary Bullock

Background Check Release

Date: _____

Everything that I have stated in my application/resume is correct to the best of my knowledge. I understand that the City of Bowdon will retain this authorization whether or not I am hired.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Date of Birth: Month : _____ Day: _____ Year: _____

Race: _____

The City of Bowdon is authorized to check my employment history and police records.

Applicant: _____

Witness: _____

Internal Criminal History Employment Consent Form

I hereby authorize the City of Bowdon to receive any **Criminal** or **Drivers History** record information pertaining to me which may be in the files of any state or local criminal justice agency during the pre-employment background check and during the term of my employment.

Full Name **Printed**

Sex

Race

Complete Address

City

State

Zip Code

Date of Birth

Place of Birth

Social Security Number

Date Signed

Signature

My Commission Expires

Notary Signature

.....
PURPOSE CODE "J"

Date Run

Terminal Operators Name **Printed**

Terminal Operators **Signature**