



# Town of Sharpsburg

105 Main Street  
 Sharpsburg, GA 30277  
 (770)251-4171

[sharpsburg@townofsharpsburg.com](mailto:sharpsburg@townofsharpsburg.com)

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
           Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
   Number                      Street                      City                      State                      Zip

Marital status: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

### EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_

Employment desired       FULL-TIME ONLY       PART-TIME ONLY

When are you available to start work? \_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	NUMBER OF YEARS COMPLETED
High School				
College/ university				
Professional or Graduate School				

## WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

**A RESUME WILL BE ACCEPTED FOR EDUCATION/EMPLOYMENT HISTORY**

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you complete this application yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, who did? _____		

Have you ever been convicted of a felony?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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Have you ever been employed with this company?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives employed by this company?  Yes  No

If yes, please provide their names and relationship to you.  
\_\_\_\_\_

## REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

<b>Name</b>		<b>Occupation</b>
<b>Company name</b>	<b>Address</b>	
<b>Telephone</b>	<b>E-mail</b>	<b>Years acquainted</b>

**APPLICATION FORM WAIVER – PLEASE READ CAREFULLY**

In exchange for the consideration of my job application by the Town of Sharpsburg. I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Town of Sharpsburg practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Town of Sharpsburg, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Mayor or Town Council. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town of Sharpsburg may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town of Sharpsburg permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town of Sharpsburg from any liability as a result of such contract.

I also understand that (1) the Town of Sharpsburg has a drug and alcohol policy that provides for preemployment testing (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the Town of Sharpsburg shall be probationary for a period of one year (1) year, and further that at any time during the probationary period or thereafter, my employment relation with the Town of Sharpsburg is terminable at will for any reason by either party.

Signature\_\_\_\_\_

Date\_\_\_\_\_