

## Town of Sharpsburg 105 Main Street Sharpsburg, GA 30277

(770)251-4171 sharpsburg@townofsharpsburg.com

	APPLICAT	ION FOR EMP	LOYMENT		
PERSONAL INF	ORMATION				
				Date	
Name					
Last	First	Middle		Maiden	
Present address _					
	Number	Street	City State	Zip	
Marital status:		_			
Telephone ()					
e-mail					
<b>EMPLOYMENT</b>					
Position(s) applied	l for				
Employment desire	ed <b>G</b> FULL-TIM	E ONLY □PART-TI	ME ONLY		
When are you avai	lable 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.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip		From	Start		
Phone number		То	Final		
	Your last job title				
Passan for leaving (he specific)	1 our last job title	•			
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used worked at this company.	or learned, advanc	ements or promot	ions while you		
		T	Ī		
Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Phone number		From	Start		
Thome number		То	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	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Phone number		From	Start		
Priorie number		То	Final		
	Your last job title	1			
Reason for leaving (be specific)					
Treason for leaving (be specific)					
List the jobs you held, duties performed, skills used worked at this company.	or learned, advanc	ements or promot	ions while you		

Name of Employer Address		Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Phone number			From	Start		
Filone number			То	Final		
		Your last job title	)			
Reason for leaving (be specific)						
List the jobs you held, duties performed worked at this company.	d, skills used	or learned, advand	ements or promot	ions while you		
Are you currently employed?			□ Yes	□ No		
May we contact your present employer	?		□ Yes	□ No		
Did you complete this application yours			☐ Yes	□ No		
If not, who did?						
Have you ever been convicted of a felo	Have you ever been convicted of a felony? ☐ Yes ☐ No					
If yes, explain number of conviction(s),		, ,	• •	recently such		
offense(s) was/were committed, senten	ice(s) imposed	d, and type(s) of re	habilitation			
Have you ever been employed with this	Have you ever been employed with this company? ☐ Yes ☐ No					
If yes, when?						
Do you have any friends or relatives en	nployed by thi	s 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.						
			1			
Name			Occupation	Occupation		
Company name	Address					
Telephone	E-mail		Years acquain	ed		
Name			Occupation			
			222.			
Company name	Address		1			

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

## **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			