

**This application must be
in your own handwriting.**

**City of Macon and
Macon Municipal Utilities**
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Personal Information

Name _____
Last First Middle
(City of Macon verifies employment eligibility with the Department of Homeland Security)
Phone Number _____ E-Mail address _____
Present Address _____
Street City State Zip
How long have you lived at the above address? _____
For Reference Purposes – If you have ever
Used another name, state name and dates _____

Employment Desired

In making this application for employment, I understand that this particular application is for the below listed position only, and may be considered active for six months.

Position _____ Date you can start _____ Salary desired _____

Have you received and read the job duty description related to the position for which you are applying?
 yes no

Have you ever been employed by us? yes no
If yes, when and where? _____

Are you employed now? yes no

Are you available for work... Full-time Part-time Nights Overtime Temporary
If Part-time, specify times you can work. _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? yes no (*proof of citizenship or immigration status will be required upon employment*)

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
Did you receive a high school diploma? yes no --or-- GED? yes no

Name of high school _____ City & State _____

List your college, business, trade, correspondence, or other courses below:

Name of school	From Year	To Year	Major subject or course of study	List degree certificate of completion of course

List machines or equipment you can operate _____

List any special skills and/or qualifications acquired from employment, education, or other experiences

Have you been convicted of or pled guilty to any federal, state, or municipal criminal offense? yes no
(include all TRAFFIC VIOLATIONS in the past five years for which you have paid fines)

If yes, describe in full below (*will not necessarily exclude you from consideration*). _____

List any friends or relatives working for us, and give their relationship to you.

What kind of work are you unwilling to perform? _____

Do you possess a valid Driver's License? yes no

Driver's License No.	State	Class	Endorsements	Expiration Date

Are you willing to undergo an Examination and Drug Screening by City Physician? yes no

Employment Experience _____

Start with your present or last job. Include military service assignment and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Date Month & Year	Company Name, Address and Phone No.	Salary	Position	Reason for Leaving	Supervisor's Name
From _____ To _____					
From _____ To _____					
From _____ To _____					
From _____ To _____					

May we contact the employers listed above? ____ If not, indicate which one(s) you do not wish contacted.

References _____

Give names address and phone number of three persons not related to you and are not previous employers

1. _____

2. _____

3. _____

Certificate of Applicant

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statement of material facts shall be considered sufficient cause for dismissal.

It is my understanding that if given employment I will be on probation for a period of 6 months from the date I report for work. I hereby authorize the companies or persons named in this application to furnish any information regarding me or my employment, whether or not it is in the records, personal or otherwise, thereby releasing said companies or persons from all liability for damages whatsoever for issuing this information. Inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. Any examining doctors, hospitals (public, private, state and including the United States Veterans Administration), may give the City of Macon any information or data as the result of any examinations made.

I understand that if I am employed by the City of Macon I will be an employee at will, my employment, regardless of the manner or duration of my compensation, will be for no definite term, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the City of Macon or by my own choosing. I understand that no representative of the City of Macon has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If I am employed, I agree to comply with and be bound by the safety and other rules, regulations, and practices (written or implied) of the City of Macon. I understand and agree with the City's drug and alcohol free workplace and that my employment with the City is contingent upon drug free and alcohol free test results.

My signature authorizes the City of Macon to review my previous employment, personal references, driving and criminal records, and/or other background data as it may relate to the position(s) for which I am applying or have been hired.

_____ Date

_____ Signature of Applicant

The City of Macon is an Equal Employment Opportunity Employer. In compliance with the provisions of Title VII of the Civil Rights Act of 1964, as amended, Executive Order 11246, Executive Order 11141, Age Discrimination of Employment Act of 1967, Section 503 of the Rehabilitation Act of 1973, Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, and the Americans with Disabilities Act, it is the policy of the City/Utilities to promote and ensure equal employment opportunity for all persons without regard to race, creed, color, marital status, national origin, religion, sex, age, handicap, political affiliation, ancestry, or other protected class.

APPLICANT DO NOT WRITE BELOW THIS LINE

Date offered _____ Decision Date _____

Special Probation Conditions _____

Hired yes no

Date reporting for work _____

Position _____ Salary _____

Physical Exam Scheduled _____ Completed _____

Signature