**CITY OF FORT VALLEY**

***204 West Church Street***

***P.O. Box 956 • Fort Valley, Georgia • 31030***

**Employment Application**

|  |
| --- |
| **APPLICANT INFORMATION** |
| Last | First | M.I. | Date |
| Street Address | Apartment/Unit# |
| City | State | Zip Code |
| Phone | Email Address |
| Date Available | Social Security No. | Desired Department |
| Position Applied For:  |
| Are you a U. S. Citizen |  Yes / No | If no, are you authorized to work in the U.S.? |  Yes / No |
| Have you ever worked for this company? |  Yes / No… If so, when? |
| Have you ever been convicted of a felony? |  Yes / No…If yes explain? |

|  |
| --- |
| **EDUCATION** |
| High School | Address |
| From | To | Did you Graduate | Yes / No |
| College | Address |
| From | To | Did you Graduate | Yes / No |
| Other | Address |
| From | To | Did you Graduate | Yes / No |

|  |
| --- |
| **REFERENCES** |
| Please list three professional references |
| Full Name | Relationship |
| Company | Phone ( ) |
| Address |
| Please list three professional references |
| Full Name | Relationship |
| Company | Phone ( ) |
| Address |
| Please list three professional references |
| Full Name | Relationship |
| Company | Phone ( ) |
| Address |

**REQUEST FOR MOTOR VEHICLE REPORT (MVR)**

|  |
| --- |
| **SECTION 1- DRIVER INFORMATION (must exactly match driving record)** |
| **Full Name (First, Middle, Last)** |  |
| **Driver - Date of Birth (MM/DD/YY)** | **Driver - License Number** |
| **SECTION 2- THIRD PARTY REQUESTOR INFROMATION** |
| **CITY OF FORT VALLEY** |
| **204 W. CHURCH ST. FORT VALLEY, GA 31030** |
| **SECTION 3- AUTHORIZATION TO RELEASE RECORD OF DRIVER** |
| **Under penalty of law, I hereby consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. 40-5-2** |
| **Signature of Driver** |
| **Date** |

|  |
| --- |
| **PREVIOUS EMPLOYMENT** |
| Company | Phone |
|  |  |
| Address | Supervisor |
| Job Title | Start Salary | End Salary |
| Responsibilities  |
| From: To: | Reason for Leaving |
| May we contact your previous supervisor for a reference? | Yes / No |
| Company | Phone |
| Address | Supervisor |
| Job Title | Start Salary | End Salary |
| Responsibilities  |
| From: To: | Reason for Leaving |
| May we contact your previous supervisor for a reference? | Yes / No |
| Company | Phone |
| Address | Supervisor |
| Job Title | Start Salary | End 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 |

**The City of Fort Valley is an Equal Opportunity Employer**