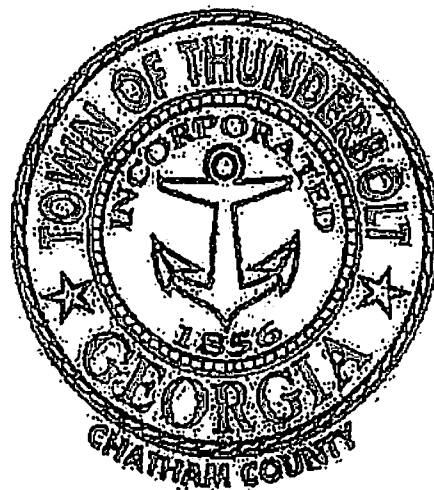


# TOWN OF THUNDERBOLT



# EMPLOYMENT APPLICATION

THUNDERBOLT DATE RECEIVED  
STAMP & SIGNATURE

Date Rec'd	Dept Applying	Application Complete



**TOWN OF THUNDERSOLT  
EMPLOYMENT APPLICATION**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 (Last) (First) (M.I or Maiden Name)

Position Applying For \_\_\_\_\_

Current Address \_\_\_\_\_  
 (Number) (Street) (City/State/Zip)

Previous Address \_\_\_\_\_  
 (Number) (Street) (City/State/Zip)

Previous Address \_\_\_\_\_  
 (Number) (Street) (City/State/Zip)

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (mm/dd/yyyy)

**EDUCATION**

High School Name and City/State	Dates Attended	Diploma/Degree/GED Earned	Area of Concentration
	From: To:		
Undergraduate College or Technical School and City/State	Dates Attended	Degree or Certification Earned	Area of Concentration
	From: To:		
Graduate School and City/State	Dates Attended	Degree Earned	Area of Concentration
	From: To:		
Graduate School and City/State	Dates Attended	Degree Earned	Area of Concentration
	From: To:		

Are you familiar with computers? \_\_\_\_\_ If so, what programs or applications are you most knowledgeable of? \_\_\_\_\_

What special skills do you possess (i.e. CDL or Class B License or Certifications)? \_\_\_\_\_

Have you ever been convicted of crime (felony and misdemeanors included)? \_\_\_\_\_ If so please explain. \_\_\_\_\_

Do you currently have any pending criminal charges? \_\_\_\_\_ If so please explain. \_\_\_\_\_

Do you have any medical conditions that would impede your professional performance? \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_

**EMPLOYMENT HISTORY – THIS SECTION MUST BE FILLED OUT COMPLETELY**

*Please begin with the most recent and account for all periods of time.*

Place of Employment (Include City/State)	Your Position with the Organization	Dates of Employment To:  From:
Your Supervisor's Name and Phone Number:	Salary at date of hire:	Salary at time of separation:
Please describe your job responsibilities:		May we contact for reference?  YES                      NO
Why did you leave this organization?		

Place of Employment (Include City/State)	Your Position with the Organization	Dates of Employment To:  From:
Your Supervisor's Name and Phone Number:	Salary at date of hire:	Salary at time of separation:
Please describe your job responsibilities:		May we contact for reference?  YES                      NO
Why did you leave this organization?		

Place of Employment (Include City/State)	Your Position with the Organization	Dates of Employment To:  From:
Your Supervisor's Name and Phone Number:	Salary at date of hire:	Salary at time of separation:
Please describe your job responsibilities:		May we contact for reference?  YES                      NO
Why did you leave this organization?		

**Employment History Continued**

Place of Employment (include City/State)	Your Position with the Organization	Dates of Employment To:  From:
Your Supervisor's Name and Phone Number:	Salary at date of hire:	Salary at time of separation:
Please describe your job responsibilities:		May we contact for reference?  YES                      NO
Why did you leave this organization?		

Place of Employment (include City/State)	Your Position with the Organization	Dates of Employment To:  From:
Your Supervisor's Name and Phone Number:	Salary at date of hire:	Salary at time of separation:
Please describe your job responsibilities:		May we contact for reference?  YES                      NO
Why did you leave this organization?		

I, \_\_\_\_\_ certify that the above information is indeed true and accurate. I hereby authorize the release of any and all information to the Town of Thunderbolt. Such information will include but not limited to: criminal history, military records, former employer records, pre-employment drug screening, educational records, and history from department of motor vehicles.

In addition, I understand that falsifying any information on this document will result in immediate disqualification from candidacy for position or immediate termination.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**The Town of Thunderbolt is an equal opportunity employer. The Town of Thunderbolt complies with the United States Department of Labor and does not discriminate against any person or deny employment or consideration for employment to any person on the basis of one's race, sex, age, religious beliefs, or country of origin. This policy is in accordance with Title VII of the 1972 Equal Employment Opportunity Act.**

**SUPPLEMENT B:** This form is used for background clearance and record keeping purposes and is maintained separate from the application by Human Resources.

Town of Thunderbolt  
HUMAN RESOURCES DEPARTMENT  
2821 River Drive  
Thunderbolt, GA 31404  
(912) 354-6533 FAX (912) 354-2038

AN EQUAL OPPORTUNITY EMPLOYER  
**FORMER EMPLOYER RELEASE**

I hereby authorize my former employers to release information requested by the Town of Thunderbolt in connection with my application for a position with the city.

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Previous Name(s) During Work History \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(APPLICANT: DO NOT WRITE BELOW THIS LINE)

DATE: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

The above applicant has applied for the position of \_\_\_\_\_ with the Town of Thunderbolt. As a former employer of this person, would you please aid us in determining this applicant's qualifications by completing the following:

1. Dates of employment with your firm: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

2. Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

3. Would you classify this employee's work performance as:  
Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

4. Was employee's attendance regular? Yes \_\_\_\_\_ No \_\_\_\_\_

5. What was employee's reason for leaving? \_\_\_\_\_

6. Does your firm consider this employee re-employable? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, why not? \_\_\_\_\_

**THIS REPORT IS HELD STRICTLY CONFIDENTIAL** - If you have any further information that would help us to determine this person's qualifications, please state:  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPLEMENT A: This form is used for background clearance and record keeping purposes and is maintained separate from the application by Human Resources.**

Town of Thunderbolt, Georgia  
HUMAN RESOURCES DEPARTMENT  
2821 River Drive  
Thunderbolt, GA 31404  
(912) 354-5533 FAX (912) 354-2038

**AN EQUAL OPPORTUNITY EMPLOYER**  
**AUTHORIZATION TO RELEASE INFORMATION**

This is to certify that I, \_\_\_\_\_ as an applicant for a position with the Town of Thunderbolt, do hereby authorize the release of any and all information to the Town of Thunderbolt's Human Resources Department from whomsoever they may deem it necessary to make such a request. Such information will include, but will not be limited to: criminal history records, military records, former employer records, pre-employment drug screen results, credit records and educational records or transcripts.

I also release all persons from any liability which results from furnishing said information to the Town of Thunderbolt Human Resources Department. Further, I authorize the Town of Thunderbolt's Human Resources Department to copy or otherwise reproduce this original document and to let such copies or otherwise reproduction copy act as the original instrument. The original document is to be retained on file with the Town of Thunderbolt's Human Resources Department.

Full Name Printed \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_