

CITY OF LINCOLNTON

P.O. Box 489
125 North Peachtree Street
Lincolnton, GA. 30817
706-359-3239

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name _____ First _____ MI _____ Date _____

Street _____ Apartment _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date Available _____ Social Security No. _____ Desired Salary _____

Position Applied For _____

Are you a citizen of the United States? ___YES ___NO

If no, are you authorized to work in the U.S.? ___YES ___NO

Have you ever worked for the City of Lincolnton? ___YES ___NO

Have you ever been convicted of a felony? ___YES ___NO

EDUCATION

High School _____ Address _____

From _____ To _____ Did you graduate? ___YES ___NO Degree _____

College _____ Address _____

From _____ To _____ Did you graduate? ___YES ___NO Degree _____

Other _____ Address _____

From _____ To _____ Did you graduate? ___YES ___NO Degree _____

REFERENCES

Please list three professional references.

Full Name _____ Relationship _____

Company _____ Phone _____

Full Name _____ Relationship _____

Company _____ Phone _____

Full Name _____ Relationship _____

Company _____ Phone _____

PREVIOUS EMPLOYMENT

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? ___ YES ___ NO

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? ___ YES ___ NO

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending 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

**CONFIDENTIAL
CITY OF LINCOLNTON**

It is the policy of the City of Lincoln to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, color, national origin, martial or veteran status, sex, age, or disability.

For equal employment opportunity (EEO) statistical data, we request the following from you. Failure to complete this form will not affect your application for a position.

This form is not a part of the attached application for employment form. This sheet will be separated and filed separately from the employment application. All information will be considered strictly private and confidential and will be used for EEO purposes only. If you prefer not to reply, leave this sheet blank. Your cooperation is appreciated.

If you have questions, please contact the City Personnel Officer.

Position(s) applied for _____

Male _____ Female _____ Age _____

With which ethnic group do you most identify?

_____ Black, Not of Hispanic origin

_____ Caucasian, Includes origins in Europe, North Africa, Middle East, not Hispanic or East Indian

_____ Hispanic – Includes origins of Mexico, Puerto Rico, Central or South America, or other Spanish culture

_____ American Indian / Alaska native

_____ Asian / Pacific Islander

_____ Other

Referral Source:

_____ Self

_____ Walk-in

_____ Relative

_____ Other

_____ Employee

_____ Professional Journal

_____ Job Line

_____ Lincoln Journal

Consent to Background Check

Applicant Name

Applicant Address

I, _____ hereby authorize the City of Lincolnton (the "Company") of 125 North Peachtree Street, Lincolnton, GA 30817 and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, driver history and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Signature

Date