

# APPLICATION FOR EMPLOYMENT

City of Oxford  
110 West Clark St.  
Oxford, GA 30054  
770-786-7004

## Invalid after 60 days

The City of Oxford, Georgia is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Title or position applied for:	Date:
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Last Name	First Name	Middle or Maiden Name
Street Number and Street Name		Apt. Number
City	State	Zip Code
(Day)	(Evening)	
Telephone Numbers		Social Security Number

Have you ever been employed with us before? \_\_\_\_\_ If yes, indicate department in which you were employed:

\_\_\_\_\_ Date left: \_\_\_\_\_ Did you leave in good standing? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary

What date are you available to work? \_\_\_\_\_

Are you currently on "lay off" status and subject to recall? \_\_\_\_\_

Can you travel if a job requires it? \_\_\_\_\_

Have you ever had any job related training in the United States military? \_\_\_\_\_

If yes, please describe:

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities for the last ten (10) years. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

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Employer: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of work performed:


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Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of work performed:


**IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER**

# Education

Elementary School Name: \_\_\_\_\_ Location: \_\_\_\_\_

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Diploma / GED: \_\_\_\_\_

College / University: \_\_\_\_\_ Location: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Diploma / Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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Describe any honors you have received:

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State any additional information you feel may be helpful to us in considering your application:

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List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

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## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences:

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<b>MILITARY SERVICE</b> (List in order beginning with the most recent period. Indicate Reserve/National Guard Service)						
From YYMMDD	To YYMMDD	Branch of Service	Rank	Service Number(s)	Country	Type of Discharge

<b>RESIDENCES</b> (List in chronological order beginning with current address. Give the inclusive dates for each period of residence. If you list a Rural Route address, provide instructions or map for locating that residence. Do not list Post Office Box addresses.)						
Dates		Address				
From	To	Numbers, Street, Apt.	City	State	Zip Code	Country
	Present					

<b>PERSONAL REFERENCES</b> (Must have known at least three (3) years and not related)				
Name	Address	Years Known	Phone	Work Phone

<b>FAMILY / ASSOCIATES</b> (Give requested data for Father, Mother, Spouse, Cobabitant, and Children. All brothers and sisters not born in the U.S. All relatives or friends to whom you, your spouse, or cobabitant are bound by affection or obligation. If such persons are residing, are citizens of, or employed by or otherwise acting as representatives of ANY foreign country.)				
Relationship and Name (Last, First, MI)	Present Address (Street, City, State and Zip Code)	Date of Birth YYMMDD	Place of Birth (City, State, Country)	Citizenship
Father:				
Mother (Maiden Name)				
Spouse (Maiden Name if Applicable)				

**Answers to the following items are NOT limited to the last 5, 10, or 15 years, but pertain to your entire life**

**ARRESTS** You must list ALL arrest information regardless of whether you have previously listed or disclosed the information or whether the record in your case has been "sealed", expunged, or otherwise stricken from the court record. You must also include all court-martial or non-judicial punishment (Article 15 UCMJ or Captain's Mast.)

You may NOT exclude minor traffic violations for which a fine or forfeiture of \$100 or less was imposed. You must list ALL traffic violations.

YES \_\_\_\_\_ NO \_\_\_\_\_ Have you ever been arrested, charged, cited, held, or detained by Federal, State, or other law enforcement or juvenile authorities regardless of whether the charge was dropped or dismissed or you were found not guilty?

**List Details of "Yes" Answers**

Dates	Nature of Offense or Violation	Name and Location of Law Enforcement Agency (City and State)	Name and Location of Court/Magistrate (City and State)	Penalty Imposed or Other Disposition in Each Case

**CREDIT HISTORY**

Yes	No	("Yes" answers must be explained on a separate sheet of paper)
		Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
		Have you ever had your wages garnished or anything repossessed?
		Have you ever had a lien placed upon your property for failing to pay taxes?
		Do you have any judgments against you which you not paid?
		Are you now or have you been significantly delinquent on debts? (Paid more than 120 days from scheduled payment due date?)

**DRUG/ALCOHOL USE AND MENTAL HEALTH**

Yes	No	("Yes" answers must be explained on a separate sheet of paper)
		Have you ever tried or used or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), even one-time or on an experimental basis, except as prescribed by a licensed physician?
		Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis?
		Have you ever misused or abused any drug prescribed by a licensed physician for yourself or someone else?
		Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, disciplinary action, arrest by police, or any alcoholic-related treatment or counseling (such as for alcohol abuse or alcoholism)?
		Have you ever been treated for a mental, emotional, psychological, or personality disorder/condition/problem?
		Have you ever consulted or been counseled by any mental health professional?

Are you physically or otherwise unable to perform the essential duties of the job for which you are applying? \_\_\_\_\_

If "Yes", please describe:

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## ORGANIZATIONS

Yes	No	("Yes" answers must be explained on a separate sheet of paper)
		Are you now or have you ever been a member of the Communist Party or any Communist Organization?
		Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons which:
		(1) Advocates the overthrow of our constitutional form of government?
		(2) Advocates or approves the commission of acts of force, violence, coercion, or intimidation to deny persons their rights under the Constitution of the U.S.?
		(3) Seeks to alter the form of government of the United States by force, violence, or other unconstitutional means?
		(4) Advocates or engages in the disruption or halting of U.S. government activities through force, violence, or infiltration of the government service?

List all organizations in which you hold or have held membership since age 16. (You may omit labor unions, political parties, and religious organizations)

Name (Do not abbreviate)	Address	From (YYMM)	To (YYMM)	Type

## SECURITY CLEARANCE

Yes	No	Have you ever held a security clearance, to include a contractor-granted Confidential? (If "Yes" give details below)			
		Level:	Date Granted (YYMMDD)	Granted by:	Name of Employer:
		Have you ever had a security clearance denied, suspended, or revoked? (If "Yes" give details)			

## FOREIGN TRAVEL / CONNECTIONS

Yes	No	("Yes" answers must be explained on a separate sheet of paper)
		Do you have any foreign property, business connections, or financial interest?
		Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
		Have you ever traveled outside the United States on other than official U.S. Government orders? (Include even short trips to Canada or Mexico)
		Have you ever had any contact with a foreign government, it's establishments (e.g. embassies, consulates, or its representatives, whether inside the U.S., other than on official U.S. Government business?

**CERTIFICATION BY PERSON COMPLETING FORM:** I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both.

Typed Name (Last, First, MI)	Signature:	Date Signed (YYMMDD)
Social Security No.		

