



330 Town Center Avenue Suwanee, GA 30024 (770) 945-8996 Fax (678) 546-2120

APPLICATION FOR EMPLOYMENT

Active for One Year from date of application - www.suwanee.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applied For <i>(One job per application)</i>	Date of Application
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How Did You Learn About Us?

Internet Advertisement _____
 Friend Relative Other _____

Last Name	First Name	Middle Name
Address: <i>Number</i>	<i>Street</i>	<i>City</i>
		<i>State</i>
		<i>Zip Code</i>
Home Phone:	Alternative Phone:	E-Mail Address

Best time to contact you at home is: _____:_____
a.m. p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date: _____

Have you ever been employed with us before? Yes No
 If Yes, give date: _____

Do any of your friends or relatives work here? Yes No
 If Yes, state name, relationship and location: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

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.

Have you ever been convicted of a felony? Yes No

Do you have a valid GA Drivers License? Yes No

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoons Evenings)
 Temporary (Please indicate dates available ____ / ____ D ____ / ____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Revised July, 2009

United States Military History

Branch	Date Entered	Date Discharged	Type of Discharge	Highest Rank Attained and Unit

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Start with your present or last job. List all the jobs you have had in the last ten years. Attach additional sheets if necessary. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting / Present Job Titles	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting / Present Job Titles	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting / Present Job Titles	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting / Present Job Titles	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Describe any special skills or qualifications (*language skills, certifications, tools, business equipment, computer skills, etc...*) you feel may be helpful to us in considering your application.

Describe any job-related training received in the United States military.

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

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

SPECIALIZED SKILLS (Skills/Equipment Operated)

_____ Terminal	_____ Spreadsheet	Production / Mobile Machinery (list)	Other (list)
_____ PC / MAC	_____ Word Processing	_____	_____
_____ Typewriter	_____ Shorthand	_____	_____
_____ WPM _____	_____ WPM _____	_____	_____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

PERSONAL / PROFESSIONAL REFERENCES *Do not include family members or past supervisors*

Name and Address	Phone Number	Best Time To call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of this employer.

The City of Suwanee is an equal opportunity employer and provides fair and equal opportunities to all applicants for employment and employees without regard to race, color, religion, national origin, citizenship status, age, sex, disability, veteran's status, or political affiliation.

The City of Suwanee is an Equal Opportunity Employer

Signature of Applicant

Date

Only candidates to be interviewed will be contacted