



APPLICATION FOR EMPLOYMENT

Evaluations of applications are based on individual merit. **Information must be complete.** Your ability to complete this application will be evaluated and used as one basis for employment decisions. This application must be typed or printed in ink. False or misleading statements or deliberate evasive answers will be grounds for rejection of this application, or dismissal at a later date. A resume may be attached to provide additional information, but does not take the place of completing the application itself.

PERSONAL DATA

Position applying for: _____ Date: _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

How were you referred?

- Advertisement Employee Referral
 Internet Job Board Other Source

List Source: _____

Available to work:

- Full-time Part-time
 Temporary/Seasonal

Date available to start work:

Desired Salary Range:

*Are you legally authorized

to work in the U.S.? Yes No

Are you currently employed?

Yes No

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

Have you ever been convicted of a felony? Yes No

Have you ever been employed with the City of Suwanee before? Yes No

Do you have friends or relatives employed with the City? Yes No
 If yes, what are their names and relationship?

If yes, give dates of employment and position:

Other names(s) under which you have been previously employed: _____

Do you have a valid Georgia driver's license? Yes No

EDUCATION/TRAINING

School/Institution	Name and Address of School	Major	Number of Years Attended	Degrees and/or Diplomas Earned
High School				
College				
College				
Others				

List any special skills or qualifications that relate to the position you are applying for: (foreign languages, typing, computer, business equipment, software, certifications)

Have you served in the U.S. military? Yes No

Branch: _____ Dates: _____

Highest rank held: _____

Type of discharge: _____

Are you currently serving in the National Guard or Reserves? Yes No

WORK HISTORY

Start with your present or most recent employment and work back. Use a separate sheet if necessary. Include PAID and UNPAID positions.

JOB TITLE #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Address	City, State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

If applicable, may we contact your present employer? Yes No

JOB TITLE #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Address	City, State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

JOB TITLE #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Address	City, State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

WORK HISTORY

Start with your present or most recent employment and work back. Use a separate sheet if necessary. Include PAID and UNPAID positions.

JOB TITLE #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Address	City, State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

JOB TITLE #5	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Address	City, State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

JOB TITLE #6	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Address	City, State	Zip
Duties		
Reason for Leaving	Starting Salary	Ending Salary

DISCLAIMER

Based on the job description provided with the position announcement, are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you are applying? Yes No

REFERENCES

List at least 3 personal/professional references that may be contacted as part of the selection process for the City of Suwanee. Do not include family members. All information requested below must be completed.

Name, Address, City, State, Zip	Telephone Number	Occupation	Relationship/Years Known

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.
ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.**

I certify that all answers or statements I have made on this application, my resume, or any other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application, my resume, any other supplementary materials, or any oral statements made at any time during the recruiting process will be cause for refusal to hire or for immediate discipline, up to and including my termination regardless of when the false statement or misrepresentation is discovered.

I authorize investigation of all statements contained on this application or on my resume or other supplementary materials submitted in consideration for employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with City of Suwanee 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 the City.

I acknowledge that the City of Suwanee is participating in E-Verify, a program that is operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) to electronically verify the employment eligibility of their newly hired employees.

Signature

Date

**Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the City will verify the status of every individual offered employment with the City. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and, upon employment, it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.*

Applications are active for one year. Submit application and resume by mail to:
City of Suwanee

ATTN: Human Resources Department
330 Town Center Ave, Suwanee, GA 30024

Or by fax to 678-546-2120 or email to HR_Recruiting@suwanee.com

City policy and Federal and State Law prohibit discrimination on the basis of race, color, religion, sex, disability, national origin, age, genetic information, sexual orientation, gender identity to include transgender status, or other protected characteristic. The City of Suwanee is a Drug Free Workplace.