



# CITY OF VALDOSTA

## APPLICATION FOR EMPLOYMENT

Website: [www.valdostacity.com](http://www.valdostacity.com) Email: [covhr@valdostacity.com](mailto:covhr@valdostacity.com)

HUMAN RESOURCES DEPARTMENT

216 E. CENTRAL AVE, VALDOSTA, GA 31601

TELEPHONE: 229-259-3544

FACSIMILE: 229-259-5419

The City of Valdosta is an Equal Opportunity Employer. Qualified applicants are considered for positions without regard to age, color, disability, marital status, national origin, race, religion, sex, veteran status, or any other category protected by law. All applications are evaluated based on individual merit. Information must be complete so all applications may be given equitable consideration. Pursuant to State and/or Federal Law(s), certain positions, such as Public Safety, may necessitate additional requirements. **Incomplete applications will be rejected and will not be considered. Applications must be completed, signed and dated in black or blue ink, unless completing the application online, which will require electronic signature(s) and date(s).**

(Please submit an application for each position you are interested in applying for)

Job Title:	Department:	Date of Application:
Desired Pay Range:	(Hourly): \$	(Bi-Weekly): \$
		(Annually): \$

### PERSONAL INFORMATION:

Available Start Date: \_\_\_\_\_

Name:	(First)	(Middle)	(Last)	(Suffix)
Address:	(Street)	(Apt)	(City)	(State)
				(Zip)
Alternate Address:	(Street)	(Apt)	(City)	(State)
				(Zip)
Contact Information:	(Home Telephone)	(Cell)	(Alternate)	
Email Address:				

Do you have any relative(s) working with the City of Valdosta? Yes ☐ No ☐ If yes, list their Name(s)/Relationship(s) below:

Name/Relationship:	Name/Relationship:
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Do you possess a valid Driver's License? Yes ☐ No ☐ State: \_\_\_\_\_ License #: \_\_\_\_\_

Are you a veteran? Yes ☐ No ☐ Branch of Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Are you at least 18 years of age? Yes ☐ No ☐ Are you authorized to work in the United States? Yes ☐ No ☐

Have you ever worked for the City of Valdosta? Yes ☐ No ☐

(If yes, please answer question below):

Date(s) of Employment:	Position(s) Held:
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Date(s) of Employment:	Position(s) Held:
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## EMPLOYMENT HISTORY:

Please start with the most recent employer. Additional space is available on the next page or you may attach additional sheet(s) if necessary to capture your work history. A resume may be attached to this application for additional information purposes only. All information requested on the application must be completed thoroughly to receive consideration.

PLEASE **DO NOT WRITE “SEE RESUME.”** DUTIES MUST BE PROVIDED ON THE APPLICATION TO BE CONSIDERED TO MEET QUALIFICATIONS FOR THE POSITION.

1. Company Name:		Dates Employed	From:	To:
City and State:		Supervisor:		
Telephone:		Starting Salary: \$		Ending: \$
Job Title:		Reason for leaving:		
Duties:				
			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. Company Name:		Dates Employed	From:	To:
City and State:		Supervisor:		
Telephone:		Starting Salary: \$		Ending: \$
Job Title:		Reason for leaving:		
Duties:				
			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Company Name:	Dates Employed	From:	To:
City and State:	Supervisor:		
Telephone:	Starting Salary: \$	Ending: \$	
Job Title:	Reason for leaving:		
Duties:			
		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## EDUCATIONAL BACKGROUND:

A High School Diploma or GED, from an accredited school, and valid Driver's License (with the ability to obtain a valid Georgia Driver's License) are a minimum requirement for employment with the City of Valdosta.

School	Name and Location of School (City and State)	Major/Course of Study	Diploma/Degree or Certificate Earned	Did you graduate?	Graduation Date
High School					
University					
College					
Vocational or Trade School					
Other Trainings and/or Courses					

## PROFESSIONAL LICENSES, CERTIFICATIONS OR MEMBERSHIPS:

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position.

	Obtained from which City, State, or Governmental Entity	Expiration Date

## BACKGROUND INFORMATION:

Permission is granted, to the City of Valdosta, to conduct an appropriate criminal background check and investigation to solicit information as to my educational and employment history, character and general reputation. Any applicant who refuses to furnish such authorizations and releases as prescribed by the City, and which are necessary to allow a full examination of his or her criminal history shall not be considered for employment. A criminal record will not necessarily exclude you from employment, but will be considered and consistent with any applicable state or federal law. Factors, such as age at the time of the offense, rehabilitation efforts, recency and seriousness of the crime, may be taken into account, including the relationship between the offense and the job for which I have applied. I further understand that this information/data may be captured through a separate supplemental application, process and/or procedure.

REFERENCES:

Professional:

(Full Name)	(Organization)	(Telephone)	(City/State)
(Full Name)	(Organization)	(Telephone)	(City/State)
(Full Name)	(Organization)	(Telephone)	(City/State)

Personal:

(Full Name)	(Occupation)	(Telephone)	(City/State)
(Full Name)	(Occupation)	(Telephone)	(City/State)
(Full Name)	(Occupation)	(Telephone)	(City/State)

CERTIFICATE OF APPLICANT:

I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misrepresentation or omissions of material fact herein subjects me to disqualification or dismissal. I also understand that by signing this form, I authorize release of any records pertaining to my education, employment history, police, and/or personal references to the City of Valdosta.

NOTE: PLEASE CHECK FOR ERRORS OR OMISSIONS BEFORE ACKNOWLEDGING THE CERTIFICATION BY SIGNING AND SUBMITTING THE APPLICATION FORM.

SIGNATURE OF APPLICANT: DATE:

Email completed form to covhr@valdostacity.com as an attachment.