



City of Tybee Island, P.O. Box 2749, Tybee Island, GA 31328 (912) 786-4573 Ext. 101

Application for Employment – We are an Equal Opportunity Employer – Drug Free Work Place

Position Applying For _____ **Date of Application** _____

How did you learn about the position? (Please check all that apply.)

City Employee _____ City's Website _____ Friend _____ Newspaper Ad _____ Other _____

_____/_____/_____
Last Name **First Name** **Middle Name** **Social Security Number (Optional)**

Home Address **City** **State** **Zip**

Mailing Address **City** **State** **Zip**

Email Address (_____) _____ (_____) _____
Home Telephone Number **Alternate Telephone Number**

1. Are you 18 years old? () Yes () No
2. Are you eligible to work in the United States either because you are a U.S. Citizen or have U.S. government permission to do so? () Yes () No
3. Do you have a valid driver's license? () Yes () No
License # _____ Type _____ State _____ Expiration Date _____
4. Have you ever been employed with us before? () Yes () No
If yes, give dates and department: _____
5. Do you have any relative(s) who are employed by the City of Tybee Island? () Yes () No

Family Member's Name Department Relationship to You
6. May we contact your current employer? () Yes () No
7. Have you ever been suspended, demoted, dismissed or asked to resign from any job? () Yes () No
If yes, describe the circumstances: _____
8. Have you received any traffic violations in the past 3 years? () Yes () No
If yes, list type of offense and dates: _____
9. Have you been convicted of a felony within the last seven years? () Yes () No
(Conviction will not necessarily disqualify an applicant from employment)
If yes, describe the circumstances: _____
10. Are you familiar with the job requirements? () Yes () No
11. Without disclosing medical information, do you have any medical conditions that would restrict you from doing the essential duties of the job? () Yes () No
12. On what date would you be available for work? _____

Are you available to work: _____ Full time _____ Part time _____ Shift work _____ Temporary

Education

High School

HS Diploma () Yes () No GED () Yes () No Highest Year Completed: 7 8 9 10 11 12

Name of High School or State Authority Issuing the Diploma or Certificate: _____

Colleges/Universities

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

College/Technical School () Yes () No Degree Earned? () Yes () No

Name of School and Location	Hours Earned		Major	Type of Degree
	Quarter	Semester		

Describe any specialized training, qualifications, apprenticeship, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying.

References – Give names, addresses, and telephone numbers of three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. _____

Name
Phone #

Address
City
State
Zip Code

2. _____

Name
Phone #

Address
City
State
Zip Code

3. _____

Name
Phone #

Address
City
State
Zip Code

Employment History

Describe your employment history beginning with your current or most recent job. Complete addresses with zip codes and telephone numbers for all employers are necessary. Attach additional sheet(s) if necessary. **A resume may be attached only as additional information and will not be accepted in lieu of completing this section.**

Employer _____ Phone # _____

Address _____
Street City State Zip Code

Job Title and Duties _____

Supervisor _____ Dates Employed: From _____ To _____
Mon/Yr Mon/Yr

Starting Salary _____ Ending Salary _____ Total Time Employed _____

Reason for Leaving: _____

Employer _____ Phone # _____

Address _____
Street City State Zip Code

Job Title and Duties _____

Supervisor _____ Dates Employed: From _____ To _____
Mon/Yr Mon/Yr

Starting Salary _____ Ending Salary _____ Total Time Employed _____

Reason for Leaving: _____

Employer _____ Phone # _____

Address _____
Street City State Zip Code

Job Title and Duties _____

Supervisor _____ Dates Employed: From _____ To _____
Mon/Yr Mon/Yr

Starting Salary _____ Ending Salary _____ Total Time Employed _____

Reason for Leaving: _____

Applicant's Certification and Agreement

I certify the statements made in this application, including all supplemental documents are true, complete and correct to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. Resumes, letters of reference, etc. submitted with the application become the property of the City of Tybee Island and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

Signature of Applicant

Date Signed