



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 at least 18 years of age? () 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

