



City of Tybee Island, P.O. Box 2749, 403 Butler Avenue, Tybee Island, GA 31328 (912) 472-5029

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

Position or Job Title Applied For _____ Date of Application _____

We consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a disability or any other legally protected status. The City of Tybee Island will hire only authorized workers regardless of national origin.

Last Name First (given) Middle

Address Apt. # City State Zip

Telephone:(_____) _____ (_____) _____

Email Address Residence Cell

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

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

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. Have you ever been suspended, demoted, dismissed or asked to resign from any job? () Yes () No If yes, describe the circumstances: _____

7. Have you received any traffic violations in the past 3 years? () Yes () No If yes, list type of offense and dates: _____

8. Have you been convicted, or are any charges now pending against you by Federal, State or other law enforcement authorities, for any violation of any Federal Law, State Law, County or Municipal Law, Regulation or Ordinance? Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations. All other convictions must be included. () Yes () No If yes, give complete details: Date, Place, Charges, and Disposition _____

NOTE: A conviction will not necessarily bar an applicant from employment. Each conviction will be judged on its own merits with respect to time, circumstance, and seriousness.

9. Are you familiar with the job requirements? () Yes () No

10. Are you able to perform the job duties listed for the position you are applying for without an accommodation? () Yes () No

If an accommodation is needed, how would you perform the job duties, and with what accommodation(s)? _____

11. On what date would you be available for work? _____

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

Education

High School

Name & Location: _____

(Please list last high school that you attended)

Circle Highest Grade Completed: 7 8 9 10 11 12 **Graduated?** () Yes () No

If not a high school graduate, do you have a GED? () Yes () No

Name of State Authority Issuing the Diploma: _____

If the position you are applying for requires a college degree, or if you wish to volunteer any secondary educational information, please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

Technical School/College/University

NAME OF SCHOOL	City and State	Graduated? Yes or No	MAJOR/DEGREE

What special vocational or business courses have you taken? _____

Special honors: _____

Please use this space for additional information related to your education, training and experience.

References

Give name, address, and telephone numbers of three (3) references who **are not** related to you and **are not** previous employers.

1. Name: _____ Telephone: () _____

Address: _____

2. Name: _____ Telephone: () _____

Address: _____

3. Name: _____ Telephone: () _____

Address: _____

Employment History

Describe your employment history beginning with your current or most recent job. Include military and volunteer experience. Failure to give complete information regarding each job held may result in disqualification. 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.**

Company Name: _____	Telephone: _____
Address: _____ _____	Employment Dates: From _____ to _____
Name of Supervisor: _____	Annual Salary: _____
Position Held: _____	Reason for Leaving: _____
Describe your Duties: _____ _____	

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Drug Test Consent and Information Release Form

I understand that one of the components of the City of Tybee Island Drug and Alcohol Policy is a urine test for drugs and/or alcohol as a condition of employment. A positive test will result in:

- a) Denial of employment
- b) Disciplinary Action to include termination of employment

I authorize the testing laboratory to release the results of this drug and alcohol test only to the City of Tybee Island Medical Review Officer or designee, the City of Tybee Island Mayor and Council and their legal counsel, the applicable Department Head, those City of Tybee Island employees who have a valid need to know, or those involved in any appeal process should it become necessary. I understand that this information will otherwise be kept confidential and will not be released without my written consent or as is otherwise permitted by law. I release the medical personnel and any and all of their employees/owners or representatives from any and all liabilities arising from the release or use of the information derived from or contained in my drug results.

During the process of testing a urine specimen for drugs, the specimen is also tested for excessive dilution (excess water in the specimen). In order for the specimen to be a valid specimen, it must not be a dilute specimen. For 6 hours before the test, please do not drink more than 12 ounces of liquid including alcohol or caffeinated beverages such as sodas, coffee, or tea or take a diuretic (water pill) unless it is medically necessary. If you take diuretics prescribed by a physician, and it is medically necessary that you take the diuretic on the day of specimen collection, please inform the collector at the time that the specimen is collected. The prescription for the diuretic will need to be verified by the medical review officer if the specimen is dilute.

Read, acknowledged and consented to, this _____ day of _____, 20_____.

Applicant's Signature

Applicant's Certification and Agreement

I hereby certify that the information provided by me in this application is true and complete. I understand that misrepresentations, omissions of facts, or falsifications on this application are grounds for refusal to hire, or if employed, may be considered as constituting grounds for disciplinary measures and/or termination. 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.

I authorize any person(s), firm or organization listed herein to furnish the City of Tybee Island with any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to the City of Tybee Island.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the City of Tybee Island, I agree to conform to the policies, rules and regulations of the employer set forth in the Personnel Policies of the City of Tybee Island and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole discretion.

I further acknowledge that if I am employed by the City of Tybee Island, my employment will be at-will and may be terminated with or without cause at any time by me or by the City of Tybee Island.

I understand that the **first 90 days** of regular employment represent a provisional period during which I will not be eligible to apply for a transfer or promotion and during which I may be terminated without the right of appeal.

I also understand that I will only be considered for the position I have specified on this application.

May we contact your present employer? () Yes () No () Not Applicable

Signature of Applicant

Date Signed