CITY OF MOULTRIE
APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
City of Moultrie is a Drug Free Workplace

We consider all applications for employment without regard to race, color, religion, creed, sex, national origin, age, disability, sexual orientation, citizenship status, genetic information, or any other status protected by applicable federal, state, or local law.

PO BOX 3368
Moultrie, GA 31776
www.moultriega.com
(229) 985-1974

1. APPLYING FOR:

Date: _____

Position: _____

Are you willing to work: Shifts? ☐ Saturdays? ☐ Sundays? ☐ Holidays? ☐ Overtime? ☐

2. HOW DO WE CONTACT YOU:

Your Name: _____

Mailing Address: _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

Contact Number: _____

Email Address: _____

3. TELL US ABOUT YOUR EDUCATION:

High School

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School / Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

College / University / Graduate School

Name	Location (City, State)	Year Graduated	Degree Earned

Job Related Training & Course Work:
List any training, skills, heavy equipment operation experience, licenses (including CDL), and/or certifications that relate to the position you are applying for:

_____

_____

_____

4. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job, include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. **A resume may be attached, but not substituted for completing this section.**

1. Name of Present or Last Employer:_____
   Address:_____
   Job Title:_____ Contact Number:_____
   Supervisor's Name:_____ May we contact this employer?_____
   Dates of Employment: From_____ To_____
   Hours Worked Per Week:_____ Salary: _____

   Job Duties (give details):_____
   _____
   _____
   _____

   Reason for Leaving:_____
   _____
   _____

2. Next Most Recent Employer:_____
   Address:_____
   Job Title:_____ Contact Number:_____
   Supervisor's Name:_____ May we contact this employer?_____
   Dates of Employment: From_____ To_____
   Hours Worked Per Week: _____ Salary: _____

   Job Duties (give details):_____
   _____
   _____
   _____

   Reason for Leaving:_____
   _____
   _____

3. Next Most Recent Employer:_____
   Address:_____
   Job Title:_____ Contact Number:_____
   Supervisor's Name:_____ May we contact this employer?_____
   Dates of Employment: From_____ To_____
   Hours Worked Per Week: _____ Salary: _____

   Job Duties (give details):_____
   _____
   _____
   _____
   Reason for Leaving:_____
   _____
   _____

5. OTHER INFORMATION:

Do you possess a valid driver's license?_____
State:_____ Class (Check One): A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ M ☐ G ☐

Do you have any relatives employed with City of Moultrie?_____ If yes, please provide names below:

Name:_____ Relation: _____ Department:_____
Name:_____ Relation: _____ Department:_____

Have you ever been terminated from any job?_____
If yes, please explain:
_____
_____
_____

Are you legally authorized to work in the United States? _____

Are you currently employed? ☐ YES ☐ NO

Are you at least 18 years of age? ☐ YES ☐ NO

List References:
Give the names of two people, *not relatives*, who are familiar with your work:

Name:_____ Address: _____ Contact #: _____
Name:_____ Address: _____ Contact #: _____

****

Certification of Applicant:

By my signature below, I certify that all statements made on this application are true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation, falsification, or material omission of information may result in disqualification from further consideration for employment or, if employed, termination of employment.

If I have requested that my current employer not be contacted, I understand that any offer of employment may be contingent upon receipt of satisfactory information and verification from that employer prior to my start date.

Name: _____
(please print)

Signature:_____ **Date:** _____