

CITY OF REIDSVILLE
130 South Main Street, Reidsville, GA 30453

Telephone: (912) 557-4786 "Friendship City USA" Fax: (912) 557-3827

Sydney Clifton, Mayor
 Jim Waters, Mayor Pro-Tem
 Verdie Williams, Council
 Donald Prestage, Council
 Bruce Conner, Council
 Marilyn Blackshear-Crume, Council
 Duann Cowart-Davis, City Attorney

Jim Brown, Fire Chief
 Gina Sheridan, City Clerk
 Darien Renfroe, Recreation Director
 Shannon Wilds, Chief of Police
 Ronnie Willis, Bldg, Inspector
 Rodney Deloach, Public Wks. Dir.

APPLICATION FOR EMPLOYMENT

An equal opportunity employer
Type or print clearly in ink and sign this application.

PERSONAL DATA

<p style="text-align: center;"><u>Enter your social security number:</u></p> <p style="text-align: center;">_____ - _____ - _____</p>	<p style="text-align: center;"><u>For city office use only</u></p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"><u>Last Name</u></td> <td style="width: 33%; padding: 5px;"><u>First</u></td> <td style="width: 33%; padding: 5px;"><u>MI</u></td> </tr> </table>	<u>Last Name</u>	<u>First</u>	<u>MI</u>	<p style="text-align: center;"><u>Are you a city employee who has permanent status?</u></p> <p style="text-align: center;">Yes No</p>	
<u>Last Name</u>	<u>First</u>	<u>MI</u>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;"><u>Apt #</u></td> <td style="padding: 5px;"><u>Address—Street or P.O. Box</u></td> </tr> </table>	<u>Apt #</u>	<u>Address—Street or P.O. Box</u>			
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<u>City</u>	<u>State</u>	<u>Zip</u>	<u>County</u>		

Information requested below for equal opportunity monitoring purposes.

<p style="text-align: center;"><u>Birthdate:</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Month</td> <td style="width: 33%; padding: 5px;">Day</td> <td style="width: 33%; padding: 5px;">Year</td> </tr> </table>	Month	Day	Year	<p style="text-align: center;"><u>Sex:</u></p> <p style="text-align: center;">Male Female</p>	<p style="text-align: center;"><u>US Citizen:</u></p> <p style="text-align: center;">Yes No</p>	
Month	Day	Year				

<u>Do you require special accommodations due to a handicap?</u>	<u>Have you ever been dismissed from any city or government position?</u>	<u>Have you been convicted of a felony?</u>
Yes No	Yes No	Yes No

If you are applying for an advertised job vacancy, put only that job title on this application.

	Choice	Specific Job Title Sought	Salary Desired
Do not submit without correct job titles; Do not request more than three.	1st		
	2nd		
	3rd		

Special skills and experience (check any that apply to you).

Dictaphone Driver's License Typing WPM _____ Bookkeeping
 Key punch CDL License POST Training Work nights

EDUCATION

Specific college hours must be listed in this section.

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12	High School Completed? Yes No		Vocational School		Area of Study	
Name and location of College attended:	Credit received: Quarter hours Semester hours		Field of Study: Major Hours		Type of Degree:	Date:

<u>Employer</u>		<u>Address</u>		
<u>Official Job Title</u>		<u>From Month/Year</u>	<u>To Month/Year</u>	
<u>Hours per week</u>	<u>Starting salary</u>	<u>Ending salary</u>	<u>Reason for leaving</u>	<u>May we contact employer?</u> Yes No
<u>Details of Duties, number of persons supervised:</u> _____ Managerial _____ Professional _____ Technical _____ Clerical				

<u>Employer</u>		<u>Address</u>		
<u>Official Job Title</u>		<u>From Month/Year</u>	<u>To Month/Year</u>	
<u>Hours per week</u>	<u>Starting salary</u>	<u>Ending salary</u>	<u>Reason for leaving</u>	<u>May we contact employer?</u> Yes No
<u>Details of Duties, number of persons supervised:</u> _____ Managerial _____ Professional _____ Technical _____ Clerical				

DRIVER'S HISTORY REQUEST

DATE: _____

TO WHOM IT MAY CONCERN:

I, _____, DO HEREBY GIVE
MY PERMISSION FOR _____,
(MUST SHOW IDENTIFICATION) TO OBTAIN A COPY OF MY
SEVEN YEAR DRIVER'S HISTORY.

MY LICENSE NUMBER IS: _____ - _____ - _____,
AND MY DATE OF BIRTH IS _____.

Signature

Notary Public

Law Enforcement Use/ No Fee Required

**CRIMINAL HISTORY
CONSENT FORM**
(please print information)

I hereby authorize

*to receive any criminal history record information pertaining
to me which may be in the files of any state or local criminal
justice agency in Georgia.*

Name: _____
 Last First Middle Maiden

Address: _____
 P.O. Box, Street Address, or R.R. Number

 City State Zip code

Sex: _____ *Race:* _____ *Date of Birth:* _____

Social Security Number: _____ - _____ - _____

Signature

Notary

Date