



City of Winder HR Department

General Application Requirements

Upon submitting applications please include one of the following for ID purposes:

- Georgia Driver's License
- Valid Student ID
- Passport Photo

This checklist is being provided for applicant use to help determine all required information is being submitted.

Completed Application Checklist:

- Application completed in its entirety
- Resume (if Applicable)
- Copy of Picture ID
- Background Consent form completed and signed



City of Winder Human Resources Department

Due to the volume of applications received we will no longer be contacting applicants to re-submit any missing or incomplete information. Therefore it is of the utmost importance to complete the application in its entirety and provide any documents requested. Resumes may be submitted along with the completed application.

Applications submitted incomplete or missing information will be considered incomplete and will not be processed further. If you have any questions in regards to submitting an application please contact the HR Department before returning application to City Hall.

Documents requested must be submitted at the time of returning application to City Hall. If you are expecting documents but do not have them while completing the application you will need to wait until you receive these documents to turn in your application; otherwise your application will be considered incomplete. Also, if the open position has a deadline date no applications for this position will be considered after the deadline date.

Once you have completed all necessary paperwork please return to City Hall, HR Department.

Thank you for your interest in the City of Winder.

Human Resources Department

Application for Employment



CITY OF WINDER
45 EAST ATHENS STREET
P.O. BOX 56
WINDER, GA 30680
Phone: (770) 867-3106
Web: <http://www.cityofwinder.com>

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

Position applied for _____ Application Date ____ / ____ / ____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Home Phone () _____ Cellular/Other # () _____ E-mail address _____

Shift preferred 1 2 3 Any Expected pay _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____

If necessary, best time to call you is _____ : _____ Home Cellular/Other

How were you referred to our Company? _____

Have you submitted an application here before? Yes No If yes, please give date(s) and position(s): _____

Have you ever been employed here? Yes No If yes, please give dates: _____

Is this application a request for reemployment following an extended military leave of absence from our Company? Yes No
If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) Yes No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.
 Yes No Need more information about the job's "essential functions" to respond

Will you travel if required? Yes No Will you work overtime if required? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No N/A

Have you ever been bonded? Yes No

Please provide your driver's license number, if driving is required for this job. _____ State _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company? Yes No If yes, please explain: _____

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? Yes No
If yes, please provide date(s) and details: _____

Employment Experience

Place an **X** by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting _____ final _____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting _____ final _____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting _____ final _____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employment Experience (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

Education Background

High School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education:

Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

Facial Security Number

SS# _____ - _____ - _____ The City of Winder will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the City of Winder's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the City of Winder's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the City of Winder. I understand that no City of Winder representative, other than its City Administrator, and then only when in writing and signed by the City Administrator, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

The City of Winder does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature _____ Date ____/____/____

continued from page)

I would like to be included under the City of Winder's affirmative action program (if applicable) pertaining to Armed Forces service medal veterans, recently separated veterans and other protected veterans. (You may request this now and/or at any time in the future.)

None of the above apply to me.

Disabled Veterans (APPLICANT: Only complete this section if the City of Winder has checked "Yes" below.) EMPLOYER: Indicate if you are inviting applicants to participate in your company's affirmative action program benefiting disabled veterans.

Yes. We invite applicants to provide information (on a voluntary basis) regarding their status as a "disabled veteran" for inclusion in our affirmative action program. Check this box ONLY if the City of Winder is actually undertaking affirmative action for disabled veterans at the application stage (pre-offer) or is otherwise authorized to collect such data to comply with federal, state or local affirmative action obligations pertaining to disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

APPLICANT:

If the City of Winder has checked "Yes" above, you are invited to provide additional information regarding your status as a "disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "disabled veteran" as:

- a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a disabled veteran, please indicate whether you would like to be included under the City of Winder's affirmative action program for disabled veterans. You may elect to be included now or at any time in the future.

Yes. I would like to be included under the City of Winder's affirmative action program for disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)

No. At this time, I would not like to be included in the City of Winder's affirmative action program for disabled veterans.

If you are a disabled veteran, please tell us about any special methods, skills and procedures that qualify you for positions you otherwise might not be able to do because of your disability so you will be considered for any such positions.

Applicant's signature: _____

For Administrative Use

Position(s) applied for _____ Current opening No current opening

Other position(s) considered for _____

Hired? No Yes Hire date ____/____/____ Position hired for _____

Position classification

- | | | |
|--|---|---|
| <input type="checkbox"/> Executive/senior-level officials and managers | <input type="checkbox"/> Administrative support workers | <input type="checkbox"/> Sales workers |
| <input type="checkbox"/> First/mid-level officials and managers | <input type="checkbox"/> Professionals | <input type="checkbox"/> Service workers |
| | <input type="checkbox"/> Operatives | <input type="checkbox"/> Technicians |
| | <input type="checkbox"/> Craft workers | <input type="checkbox"/> Laborers and helpers |

Additional notes _____

Completed by _____ Date ____/____/____



City of Winder

Notice and Background Check Consent Form

In connection with your application for employment with the City of Winder and, if you are subsequently hired by the City of Winder, prior to or at any time after your employment commences the City of Winder may perform a background check on you. In performing this background check, the City of Winder may utilize a computer to access information relating to your employment, salary, credit, or other financial or personal information. In addition, it may request a consumer report from a consumer reporting agency concerning information as to your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living. A consumer report include but is not limited to your credit report, educational information, criminal history, and motor vehicle driver's license or driving record.

Consumer reports may be obtained for employment purposes, as defined under the Fair Credit Reporting Act. Specifically, the report may be requested for purposes of your employment, promotion, reassignment, or retention as an employee.

By your signature below, you represent that you have carefully read and understand this Notice (or that you have had the Notice explained to you) and that you consent to the City of Winder's performing a background check on you, including obtaining consumer reports about you for employment purposes in connection with your application for employment and, if you are subsequently hired, prior to, during, or at any time after your employment commences. Your signature further reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

I HAVE READ AND UNDERSTAND (OR HAVE HAD EXPLAINED TO ME) THE INFORMATION SET FORTH IN THIS NOTICE. I UNDERSTAND THAT THE CITY OF WINDER MAY PERFORM A BACKGROUND CHECK ON ME, WHICH MAY INCLUDE ACCESSING VIA COMPUTER MY FINANCIAL OR PERSONAL INFORMATION AND/OR OBTAINING A CONSUMER REPORT ABOUT ME FOR EMPLOYMENT PURPOSES. I HEREBY FURTHER AUTHORIZE THE CITY OF WINDER TO RECEIVE AND CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

Full Printed Name	Social Security Number
Street Address	Driver's License Number
City/State/Zip Code	Date of Birth
Sex	Race
Signature	Today's Date

Providing your Social Security Number (SSN) is voluntary in accordance with the Privacy Act of 1974. Including your SSN, however, will allow us to process your background check more expeditiously and with great certainty which could positively impact your employability.

****PLEASE PROVIDE A PICTURE ID****