CITY OF HOLLY SPRINGS
EMPLOYMENT APPLICATION
Equal Opportunity Employer

Mailing Address:
Human Resources
P.O. Box 990
Holly Springs, Georgia
30142

Name: _____ **Date:** _____

Address: _____ **Home Telephone**: _____ **Other Number**: _____

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

E-mail Address: _____

Position Applied For: _____

Are you a current City of Holly Springs Employee? **Yes** ☐ **No** ☐ **If Yes, what department:** _____

EDUCATION RECORD

A copy of your high school diploma/GED certificate may be required at time of interview.
Did you graduate from high school or receive a GED certificate? ☐ yes ☐ no

SCHOOL NAME	LOCATION	HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
High School				
Business/Technical/Vocational		(Clock)		
Colleges/Universities		(Semester)		
Graduate Schools		(Semester)		

LICENSES

Driver's License – "X" those that apply

For positions which require specific licenses, copies of licenses will be required at the time of interview.

Operators: ☐C ☐M

Commercial: ☐A ☐B ☐C Endorsements: ☐T ☐P ☐N ☐H ☐

Expiration Date? Number:

List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.

SPECIAL SKILLS/LANGUAGES (Optional, unless required for the position for which you are now applying.)

List any special skills you possess and/or equipment or office machines you can operate.

Typing Test Score : _____ WPM Test Date:

Languages (Other than English):

1. ☐ Speak ☐ Read ☐ Write

2. ☐ Speak ☐ Read ☐ Write

OTHER INFORMATION

If you are a City of Holly Springs Employee, what is your employment status: ☐ Regular ☐ Temporary

If you are not a current City of Holly Springs Employee, have you previously worked for the City? ☐ Yes ☐ No When?

Have you been convicted of a crime or have you pled nolo contendere or been granted deferred adjudication within the last ten years?

☐ Yes ☐ No

If yes, list all such offenses and state date, name of court and disposition. You may omit minor violations for which you paid a fine of $50 or less.

Are you related to any member of the City Council or any person now employed by the City of Holly Springs? ☐ Yes ☐ No If yes, complete the next line.

Name: Department: Relationship:

EMPLOYMENT RECORD

Please list all employment or volunteer experience. Begin with your present or last position and work back. Provide sufficient, qualifying experience. Please explain all periods of unemployment exceeding 90 days. Additional Information Sheets are available if needed.

May we contact this employer? ☐ **Yes** ☐ **No**

Full-time ☐

Employer: _____ **Position Title:** _____

Part-time ☐

Address: _____ **Ending Salary:** _____

City/State: _____

_____ _____ **Months in this position:** _____ **Supervisor's Name:** _____

Start Date **End Date**

Supervisor's Phone: _____

Reason for Leaving: _____

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. You may attach a resume reflecting your employment history in lieu of completing this portion of the application.

_____

Employer Number 2

May we contact this employer? ☐ **Yes** ☐ **No**

Full-time ☐

Employer: _____ **Position Title:** _____

Part-time ☐

Address: _____ **Ending Salary:** _____

City/State: _____

_____ _____ **Months in this position:** _____ **Supervisor's Name:** _____

Start Date **End Date**

Supervisor's Phone: _____

Reason for Leaving: _____

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. You may attach a resume reflecting your employment history in lieu of completing this portion of the application.

_____

Employer Number 3

May we contact this employer? ☐ **Yes** ☐ **No**

Employer: _____ **Full-time** ☐ **Position Title:** _____

Part-time ☐

Address: _____ **Ending Salary:** _____

City/State: _____

_____ _____ **Months in this position:** _____ **Supervisor's Name:** _____

Start Date **End Date**

Supervisor's Phone: _____

Reason for Leaving: _____

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. You may attach a resume reflecting your employment history in lieu of completing this portion of the application.

_____

Employer Number 4

May we contact this employer? ☐ **Yes** ☐ **No**

Employer: _____ **Full-time** ☐ **Position Title:** _____

Part-time ☐

Address: _____ **Ending Salary:** _____

City/State: _____

_____ _____ **Months in this position:** _____ **Supervisor's Name:** _____

Start Date **End Date**

Supervisor's Phone: _____

Reason for Leaving: _____

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. You may attach a resume reflecting your employment history in lieu of completing this portion of the application.

_____

I understand that if I am hired, it will be at the discretion of the Department Head, subject to the approval of the City Manager, as prescribed in the City Charter. I understand that City employment is "at will" which means that the City has no obligation to continue to employ me in the future. City employees are subject to the City of Holly Springs Ethics and Financial Disclosure Ordinance.

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby authorize the City of Holly Springs to investigate and verify any representations made by me, either orally or in writing. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my application is subject to the Georgia open records law and may be released as a public document. I also understand that this application is the property of the City of Holly Springs and will become a part of my personnel file if I am hired.

Signature of Applicant:_____ Date: _____

EMPLOYMENT APPLICATION
ADDITIONAL INFORMATION SHEET

Application Date: _____

Applicant Name: _____ **Social Security Number:** _____

Position Applied For: _____ **Requisition Number:** _____

Additional Employment History

May we contact this employer? ☐ **Yes** ☐ **No**

Employer: _____ **Full-time** ☐ **Position Title:** _____

Part-time ☐

Address: _____ **Ending Salary:** _____

City/State: _____

_____ _____ **Months in this position:** _____ **Supervisor's Name:** _____

Start Date **End Date**

Supervisor's Phone: _____

Reason for Leaving: _____

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. You may attach a resume reflecting your employment history in lieu of completing this portion of the application.

_____

Additional Employment History

May we contact this employer? ☐ **Yes** ☐ **No**

Employer: _____ **Full-time** ☐ **Position Title:** _____

Part-time ☐

Address: _____ **Ending Salary:** _____

City/State: _____

_____ _____ **Months in this position:** _____ **Supervisor's Name:** _____

Start Date **End Date**

Supervisor's Phone: _____

Reason for Leaving: _____

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying. You may attach a resume reflecting your employment history in lieu of completing this portion of the application.

_____

Signature of Applicant: _____ Date: _____