

## **EMPLOYMENT APPLICATION**

## **HUMAN RESOURCES**

837 Highway 76 W, Clayton, GA 30525 Phone (706) 782-4512 | Fax (706) 782-4596

APPLICANT INFORMATION							
Name:		Date:					
Address:	First		M.I.				
Phone:		Email:					
Social Security No.:		Former Employee? □Yes □No					
Are you related to past/present emplo	yees or ele	ected offi	cials of City of Clayton? □Yes □No				
If yes, name(s) and relationship(s):							
Position Applied For:							
Are you a U.S. citizen? □Yes □No		If no, authorized to work in U.S.? □Yes □No					
Have you ever been convicted for vio	lating any	law? □Y	les □No				
If yes, please explain:							
Possess a valid driver's license? □Ye	s □No	Good driving record? □Yes □No					
Driver's license No.		Class/Endorsements:					
EDWG LEVON							
EDUCATION	-		D' 1 /D A 1 1				
School Name/Location High School	From	То	Diploma/Degree Awarded				
College							
Other							
SPECIAL SKILLS & ABILITIES  Use this space for comments about your special skills an	d abilities. (exa	ample: U.S. m	ilitary, apprenticeships, certifications, experience, etc.)				



Signature

## **EMPLOYMENT APPLICATION**

	Dates	Job Title	Reason for Leavin	g May we contact?
Employer Name, Address, Phone Number	Month/Year	JOU THIC	Reason for Leaving	g Way we contact:
rume, rudress, r none rumber	Wionaly Tour			□Yes □No
Name, Address, Phone Number	Month/Year			- <b>V N</b> -
				□Yes □No
Name, Address, Phone Number	Month/Year			
				□Yes □No
REFERENCES	4.11		- N	D 1 (1 1)
Name	Address		Phone	Relationship
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