

# **City of Midway Utility Department**

150 Butler St., Suite 6  
Midway, GA 31320  
Phone: (912) 884-3344  
Fax: (912) 884-5107  
cityofmidway@coastalnow.net

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**Applicant's Name**



**“Always Ready”**

**Employment  
Application**

**APPLICANT DATA RECORD**

The City of Midway is an equal opportunity employer. Our objective is to recruit, hire, train, and promote the most qualified applicants without regard to political affiliation, race, color, national origin, sex, sexual orientation, age, marital status, disability, military status, or religious creed and with proper regard for their privacy and constitutional rights as citizens.

To help us comply with government record keeping, reporting and other legal requirements, please fill out the applicant data record. This data is for periodic government reporting and will be kept in a confidential, Affirmative Action file, separate for the application for employment. We appreciate your cooperation.

**Date** \_\_\_\_\_

**Position Applied for** \_\_\_\_\_

**Name** \_\_\_\_\_

**SEX:**

MALE: \_\_\_\_\_

FEMALE: \_\_\_\_\_

**RACE:**

Asian: \_\_\_\_\_

American Indian: \_\_\_\_\_

Black: \_\_\_\_\_

Hispanic: \_\_\_\_\_

White: \_\_\_\_\_

Other: \_\_\_\_\_

**HOW DID YOU HEAR OF THIS POSITION?**

City Website: \_\_\_\_\_

Department of Labor: \_\_\_\_\_

Employee: \_\_\_\_\_

Facebook: \_\_\_\_\_

Friend: \_\_\_\_\_

Newspaper: \_\_\_\_\_

Walk In: \_\_\_\_\_

Other: \_\_\_\_\_

Wage/Salary Expected: \_\_\_\_\_

Date available for work: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

The City of Midway is an Equal Opportunity Employer. All applicants shall be assured of fair and equitable treatment in all terms and conditions of employment, including hiring, training, promotion, and disciplinary action, without regard to political affiliation, race, color, national origin, sex, sexual orientation, age, marital status, disability, military status, or religious creed and with proper regard for their privacy and constitutional rights as citizens.

Please read the entire application and complete by printing in ink. This application must be accurately completed in its entirety and is subject to verification before any offer of employment may be considered. It is the applicant's responsibility to notify the City Clerk of any changes to the information provided in this application.

**APPLICANT NAME:**

\_\_\_\_\_

Last	First	Middle
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**ADDRESS:**

City/State/ZIP \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License (State/Number) \_\_\_\_\_

**EMERGENCY CONTRACT:**

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Daytime phone \_\_\_\_\_

**HOW DID YOU HEAR OF THIS POSITION?**

City Website: \_\_\_\_\_

Department of Labor: \_\_\_\_\_

Employee: \_\_\_\_\_

Face Book: \_\_\_\_\_

Friend: \_\_\_\_\_

Newspaper: \_\_\_\_\_

Walk In: \_\_\_\_\_

Other: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you applied for a position with our city previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If applicable, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the essential functions of the job position with or without reasonable accommodation? \_\_\_\_\_Yes \_\_\_\_\_No

What reasonable accommodation, if any, would you require?

\_\_\_\_\_

**Applicant's Skills**

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number corresponds to your ability for each particular skill (one represents poor ability, while five represents exceptional ability).

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.)_____		1 2 3 4 5
<input type="checkbox"/> Forklift Operator _____		1 2 3 4 5
<input type="checkbox"/> Backhoe Operator _____		1 2 3 4 5
<input type="checkbox"/> Weed eater Operator _____		1 2 3 4 5
<input type="checkbox"/> Edger Operator _____		1 2 3 4 5
<input type="checkbox"/> Zero Turn Lawn Mower _____		1 2 3 4 5
<b>Other</b>		
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

**Applicant Employment History –**

List your current or most recent employment first.

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

**Applicant's Education and Training**

**College/University Name and Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, degree received: \_\_\_\_\_

**High School/GED Name, address, and year**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Training (graduate, technical, vocational):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Awards, Honors, Special Achievements:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Military Service:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Served From: \_\_\_\_\_ To: \_\_\_\_\_

Branch: \_\_\_\_\_

Rank: \_\_\_\_\_ Specialized Training: \_\_\_\_\_

Type of Discharge Received: \_\_\_\_\_

(Please attach a copy of Form DD-214)

**References:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/ZIP:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/ZIP:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/ZIP:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Please provide any other information that you believe should be considered:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

**I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.**

**I authorize City of Midway Representative to contact former employers and educational organizations regarding my employment and education. I authorize my former employer and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.**

**If an employment relationship is created, I understand that the employment relationship will be "at-will." In other words, the relationship will be entirely voluntarily in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. My employer will have the same right.**

I have carefully read the above certification and I understand and agree to its terms.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**Consent to Perform an  
Employment, Educational, Criminal and Drivers License History Check  
Authorization and Release Form**

I, the undersigned authorize the City of Midway without reservation to conduct a background investigation as to my educational to include employment, criminal or drivers history and to solicit and receive from any party or agency any criminal history or drivers license information pertaining to me which may be on file of any State, County or City Criminal Justice agency or Department of Motor Vehicle.

Additional, I hereby authorize the release of such information to the City of Midway or such person or entity they designate with a need to know, or as required by law for their use in evaluating my suitability for City employment.

Furthermore, I will not hold any agency or its employee responsible for the accuracy of information, invasion of privacy, negligence or any other claim in connection with any dissemination of such personal information.

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ ZIP: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2014

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires