



Town of Tyrone

Application for Employment

881 Senoia Road
Tyrone, GA 30290
770-487-4038

Date Received by
Office: _____

APPLICANT INFORMATION:

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street) (City) (State) (Zip)

Phone Number: Home: _____ Cell: _____

Position(s) Applied For: 1. _____ Rate of Pay Expected: \$ _____
2. _____ Rate of Pay Expected: \$ _____

Date Available for Employment: _____

Would you work: (check one) Full-Time Part-Time Temporary

Were you previously employed by the Town of Tyrone (check one) Yes No If yes, when? _____

List any relatives working for us and their relationship to you: _____

Are you a U.S. Citizen? (check one) Yes No

Were you in the US Armed Forces? (check one) Yes No

What Branch? _____

Rank at Discharge: _____

Duty Dates: From _____ to _____

Have you ever been discharged or terminated for reasons other than lay off or lack of work; or have you ever resigned to avoid discharge? Yes No

If yes, describe in full: _____

EDUCATION:

Are you a high school graduate? Yes No

If not a high school graduate, do you have a GED? Yes No

	Name of School	Dates Attended	Major Coursework	Degrees or Certificates
High School				
Business/Technical				
College				
Graduate School				

List any licenses, permits, or special skills you may have. Describe other experiences, skills, or qualifications that are applicable: _____

EXPERIENCE:

Begin with your current or most recent job and work back. Be sure to describe the work you did fully. Attach additional pages if necessary.

Dates	Employer	Duties
From (Month & Year):	Name of Employer:	Your Title:
To (Month & Year):	Address:	Duties:
Total Months Worked:	City/State:	
Full Time: Yes No		
Beginning Salary:	Supervisor's Name:	
Ending Salary:	Phone Number: May we contact? Yes No	

Dates	Employer	Duties
From (Month & Year):	Name of Employer:	Your Title:
To (Month & Year):	Address:	Duties:
Total Months Worked:	City/State:	
Full Time: Yes No		
Beginning Salary:	Supervisor's Name:	
Ending Salary:	Phone Number: May we contact? Yes No	

Dates	Employer	Duties
From (Month & Year):	Name of Employer:	Your Title:
To (Month & Year):	Address:	Duties:
Total Months Worked:	City/State:	
Full Time: Yes No		
Beginning Salary:	Supervisor's Name:	
Ending Salary:	Phone Number: May we contact? Yes No	

Dates	Employer	Duties
From (Month & Year):	Name of Employer:	Your Title:
To (Month & Year):	Address:	Duties:
Total Months Worked:	City/State:	
Full Time: Yes No		
Beginning Salary:	Supervisor's Name:	
Ending Salary:	Phone Number:	

	May we contact?	Yes	No	
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Additional Information:

PERSONAL REFERENCES:

List three persons who have knowledge of your character or abilities.

Name	Address	Telephone	Business or Occupation

Applicant's Certification & Authorization To Release
Information Conditions of Employment

I hereby certify that the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsifications on this application are grounds for refusal to hire, or if employed, may be considered as constituting grounds for disciplinary measures or termination.

I authorize any person(s), firm, or organization listed herein to furnish the Town of Tyrone with any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to the Town of Tyrone.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the Town of Tyrone, I agree to conform to the policies, rules, and regulations of the employer set forth in the Personnel Policies of Oconee County and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I am employed by the Town of Tyrone, my employment will be at-will and may be terminated with or without cause at any time by me or by the Town of Tyrone until I become a non-probationary employee.

May we contact you present employer? Yes No

You must sign the Certification & Authorization to Release Information and Conditions of Employment form to enable us to contact prior employers, even though we may not contact you present employer.

Signature of Applicant

Date