



CITY OF VIENNA
An Equal Opportunity Employer



INSTRUCTIONS FOR COMPLETING AN APPLICATION PACKET FOR EMPLOYMENT

1. Fill out and return the entire application packet including names of supervisors, telephone numbers, address, duties, etc. A notation of "See Resume" or "See Attached" is NOT acceptable.
2. You should apply for an exact job title (only one job title per application packet) (i.e. Secretary, Equipment Operator I, Administrative Secretary, etc.) A job description for the job title for which you are applying is enclosed.
3. You should provide documentation of employment eligibility and all minimum job requirements such as birth certificate, social security card, driver's license, high school diploma, P.O.S.T. certification, etc. at the time of application. Documentation submitted with an application packet becomes the property of the City of Vienna and cannot be returned to you. Application packets without proper documentation shall be considered as not meeting the minimum job requirements and may result in your being disqualified from further consideration.
4. No application packet will be reviewed by City personnel prior to the closing date for each job advertisement. Any application packet received after the closing date will not be considered for that advertised vacancy. It will, however, be kept on file for sixty (60) days for that next available job title vacancy.
5. You will be notified by phone or mail for a scheduled personal interview or you will receive notification that the position has been filled.
6. Application packets remain active for a period of sixty (60) days. After the sixty (60) day period, you must complete a new application packet. We are not able to update or renew inactive application packets. We are not responsible for notifying you of the inactive status of your application packet.
7. We do not accept resumes in lieu of application packets; however, we encourage you to submit a resume with your completed application packet.
8. An incomplete application packet or misleading information may disqualify you from consideration at any time during our selection process.
9. Successful complete of a post-offer, pre-employment medical examination and drug screening will be required of every finalist for employment. Any person convicted for the first time of any criminal offense involving the manufacture, distribution, sale, or possession of a controlled substance, marijuana or a dangerous drug shall be ineligible for employment for a period of three months from the date of conviction. Any person convicted two or more times shall be ineligible for employment for a period of five (5) years from the date of the most recent conviction.

APPLICATION FOR EMPLOYMENT

CITY OF VIENNA
203 West Cotton Street
Vienna, GA 31092

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
..... If Yes, give date _____

Have you ever been employed with us before?..... Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM ____	WPM ____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1. _____ (_____) _____ Phone #

(Name)

_____ (Address)
2. _____ (_____) _____ Phone #

(Name)

_____ (Address)
3. _____ (_____) _____ Phone #

(Name)

_____ (Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____

POSITION: _____

DATE: _____ / _____ / _____