



**CITY OF HOLLY SPRINGS
EMPLOYMENT APPLICATION
Equal Opportunity Employer**

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

Name: _____ Date: _____
 Address: _____ Home Telephone: _____ Cell 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? <input type="checkbox"/> yes <input type="checkbox"/> 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: <input type="checkbox"/> C <input type="checkbox"/> M Commercial: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Endorsements: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> 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: _____	
1. Languages (Other than English): <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	2. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> 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?

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:

Start Date

End Date

Supervisor's Name: _____

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:

Start Date

End Date

Supervisor's Name: _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer: _____	Full-time <input type="checkbox"/>	Position Title: _____	
Address: _____	Part-time <input type="checkbox"/>	Ending Salary: _____	
City/State: _____			
Start Date _____	End Date _____	Months in this position: _____	Supervisor's Name: _____
Reason for Leaving: _____			Supervisor's Phone: _____
<p>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.</p> <p>_____</p>			

Employer Number 4			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer: _____	Full-time <input type="checkbox"/>	Position Title: _____	
Address: _____	Part-time <input type="checkbox"/>	Ending Salary: _____	
City/State: _____			
Start Date _____	End Date _____	Months in this position: _____	Supervisor's Name: _____
Reason for Leaving: _____			Supervisor's Phone: _____
<p>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.</p> <p>_____</p>			

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: _____

Position Applied For: _____

Additional Employment History			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer: _____	Full-time <input type="checkbox"/>	Position Title: _____	
Address: _____	Part-time <input type="checkbox"/>	Ending Salary: _____	
City/State: _____			
Start Date _____	End Date _____	Months in this position: _____	Supervisor's Name: _____
Reason for Leaving: _____		Supervisor's Phone: _____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer: _____	Full-time <input type="checkbox"/>	Position Title: _____	
Address: _____	Part-time <input type="checkbox"/>	Ending Salary: _____	
City/State: _____			
Start Date _____	End Date _____	Months in this position: _____	Supervisor's Name: _____
Reason for Leaving: _____		Supervisor's Phone: _____	
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: _____