



# CITY OF CAMILLA

30 East Broad Street ~ Post Office Box 328  
Camilla, Georgia 31730  
Phone (229) 336-2220 • Fax (229) 336-2230  
[www.camillaga.net](http://www.camillaga.net)



Dear Applicant:

Thank you for choosing the City of Camilla to meet your employment and career goals. We appreciate your time to complete our standard application process.

The City of Camilla values its' employees and citizens. We are committed to providing a safe, comfortable city and working environment by ensuring each employee is trustworthy, safety oriented, and drug-free.

In order to meet our safety and security goals, all potential new employees will be tested for illegal drugs and the City of Camilla conducts thorough background screenings. If you are considered for employment, some or all of the following employment screenings will be performed by the City of Camilla:

- ▶ Criminal Records Check.
- ▶ Contact Previous Employers and Education Officials.
- ▶ Verify your Professional License and Credentials (if appropriate).
- ▶ Check your Driving Record.
- ▶ Request additional levels of Background Screening when appropriate.
- ▶ Conduct pre-testing for job positions (if applicable).

If you have concerns about your background records requiring resolution before the City of Camilla initiates the background screening process, please discuss with us or let us know you are not ready to complete the required employment screening. We keep all applications for 30 days after submittal.

\*Note: Applicants completing the online employment application will need to save a **completed** form as PDF and email to: [kent.holtzclaw@cityofcamilla.com](mailto:kent.holtzclaw@cityofcamilla.com) or [rbrazeale@cityofcamilla.com](mailto:rbrazeale@cityofcamilla.com).

**Applicants are responsible for ensuring employment applications submitted via email are complete upon submittal.**



# APPLICATION FOR EMPLOYMENT

1. Position Applied For: \_\_\_\_\_  
 Full Time        Part Time        Temporary
2. Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
3. \_\_\_\_\_ Social Security Number
4. \_\_\_\_\_ Address – Number & Street
5. \_\_\_\_\_ Home Phone Number
6. \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Cell Phone Number
7. When would you be available for employment? \_\_\_\_\_
8. What is the minimum salary you will accept? \_\_\_\_\_
9. Have you been employed previously by this jurisdiction?  YES        NO
10. Do you have any physical handicap, disease, limitations, or other disability which should be considered in assigning you this position?  YES        NO
11. Since your 17<sup>th</sup> birthday, have you ever been convicted of any violation of the law other than minor traffic violations?  
 YES        NO (A conviction will not necessarily exempt you from consideration for employment)
12. Have you ever been a member of the armed services?  YES        NO  
 Draft Status: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_
13. Do you hold a current professional license (physician, teacher, etc.)?  YES        NO  
 Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

## EDUCATION

14. Are you a high school graduate or do you hold a GED Certificate?  YES        NO  
 If "NO", circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

15. College Education:

	School Name and Address	Hours Credit	Major	Minor	Degree	Graduation Date
Technical School						
College University						
Graduate School						

For compliance with State Laws on selected positions, provide date of birth: \_\_\_\_\_

Possess or able to obtain a valid driver's license:  Yes        No

Possess or able to obtain appropriate job certification or license:  Yes        No

### EMPLOYMENT HISTORY

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### REFERENCES:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that all statements made on this form are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentation, I will be subject to immediate termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date