

**CITY of BOGART
Employment Application**

Applicant Information

Name, LAST		Name, FIRST	
		, GA	
Street Address		City	Zip
Social Security Number		Date of Birth	
Phone	Email Address		
Position applied for:		Date Eligible to Work	
Are you a citizen of the United States?	Yes	No	
If No, are you authorized to work in the U. S.?	Yes	No	
Have you been convicted of a felony?	Yes	No	If Yes, when?
Have you ever worked for The City of Bogart?	Yes	No	

Education

High School		Did you graduate?	Yes	No
College	Degree:	Did you graduate?	Yes	No
Other	Degree:	Did you graduate?	Yes	No

Military Service

Branch	From:	To:	Rank at Discharge:
Type of Discharge:	If less than honorable, explain:		

Previous Employment

Company	Phone	Supervisor		
Job Title	Responsibilities			
From	To	Reason for Leaving	May we contact? Yes	No
Company	Phone	Supervisor		
Job Title	Responsibilities			
From	To	Reason for Leaving	May we contact? Yes	No

References

Full Name	Relation	Phone
Full Name	Relation	Phone
Full Name	Relation	Phone

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.

Signature	Date
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