

ROME-FLOYD PARKS AND RECREATION AUTHORITY
300 WEST THIRD STREET
ROME, GEORGIA 30165



APPLICATION FOR EMPLOYMENT

Positions Applied For:

_____ Full-Time Part-Time Temp.

_____ DATE OF BIRTH

_____ LAST NAME FIRST MIDDLE

_____ SOCIAL SECURITY NUMBER

_____ ADDRESS - NUMBER AND STREET

_____ HOME PHONE NUMBER

_____ CITY STATE ZIP CODE

_____ CELL/OTHER PHONE NUMBER

When would you be available for employment? _____

What is the minimum salary you will accept? _____

Have you been previously employed in government? Yes No

Do you have any physical handicap, disease, limitations, or other disability which should be considered in assigning you this position?
 Yes No

Since your 17th birthday, have you ever been convicted of any violation of the law other than minor traffic violations? (A conviction will **not** necessarily exempt you from consideration for employment). Yes No

Explain any items to which you answered "YES" in this space. _____

Have you ever been a member of the armed services? Yes No

Type of Discharge: _____

Do you hold a current Georgia's Driver's License? Yes No What class? _____

Do you have any relatives who are employees of The Parks and Recreation Authority? Yes No

If "YES", give names and department: _____

Have you sustained any previous on-the-job injuries? Yes No

If "YES", please list type of injury (shoulder, back, knee, or other) _____

Have you ever filed a Workman's Compensation claim? Yes No

If so, what dates? _____ Type of Business: _____

EDUCATION

Are you a high school graduate or do you hold a GED Certificate? Yes No

If "NO", what is the highest grade you completed? _____

	School Name and Address	Hours Credit	Major	Minor	Degree	Grad. Date
Business/Trade School						
College						
College						
Graduate School						

EMPLOYMENT HISTORY

Use additional sheets if necessary. List most recent jobs first.

Employed: From _____ To _____ Total Years _____ Months _____

Starting Salary: _____ per _____ Final Salary: _____ per _____ Emp. Phone _____

Employer: _____ Address: _____

Kind Of Business: _____ Your Position: _____

Specific Duties: _____

Reasons For Leaving: _____

Employed: From _____ To _____ Total Years _____ Months _____

Starting Salary: _____ per _____ Final Salary: _____ per _____ Emp. Phone _____

Employer: _____ Address: _____

Kind Of Business: _____ Your Position: _____

Specific Duties: _____

Reasons For Leaving: _____

Employed: From _____ To _____ Total Years _____ Months _____

Starting Salary: _____ per _____ Final Salary: _____ per _____ Emp. Phone _____

Employer: _____ Address: _____

Kind Of Business: _____ Your Position: _____

Specific Duties: _____

Reasons For Leaving: _____

REFERENCES (NOT RELATIVES):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ 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 dismissal.

Signature

Date

AN EQUAL OPPORTUNITY EMPLOYER