



CITY OF HAMPTON
17 E MAIN ST SOUTH
P.O. BOX 400
HAMPTON, GA 30228
PH: 770-946-4306 | F: 770-946-4356

Employment Application

APPLICATIONS FOR EMPLOYMENT REMAIN ACTIVE FOR SIX (6) MONTHS

Applicant Information

Full Name: _____ Date: _____
Last _____ First _____ M.I. _____

Address: _____
Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

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 ever worked for the City of Hampton? YES NO If yes, when? _____

Have you filed an application here before? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES

NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES

NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$_____ Ending Salary:\$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment with the City of Hampton, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

The City of Hampton is an equal opportunity employer and, as such, prohibits unlawful discrimination in the hiring, promotion, reassignment, transfer, compensation, administration of benefit plans, and all other conditions of employment. As an equal opportunity employer, the City does not consider race, color, national origin, citizenship, ancestry, sex, sexual orientation, age, disability, genetic information or background, religious affiliation, marital status, military status, or any other legally protected status to be pertinent to conditions of employment and will not be a consideration in the City's selection process.
