

CITY OF PHENIX CITY EMPLOYMENT APPLICATION

Personnel Office

APPLICANT

*Please complete pages 1 through 4

*Print in black or blue ink.

*If you have a resume, please attach

*If you need more space, attach a supplemental page

*Immigration Reform and Control Act of 1988 requires identity and employment eligibility verification for employment.

GENERAL				DATE OF APPLICATION
NAME	(LAST)	(FIRST)	(MIDDLE)	EMAIL ADDRESS
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE-HOME	PHONE-WORK
HAVE YOU WORKED FOR THE CITY OF PHENIX CITY BEFORE?	IF YES, DATES OF EMPLOYMENT	DEPARTMENT	POSITION	
<input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU FILED AN APPLICATION HERE BEFORE?	IF YES, GIVE DATE	ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOU AT YOUR PLACE OF WORK?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE RELATIVES EMPLOYED AT THE CITY OF PHENIX CITY?	IF YES, GIVE NAME	DEPARTMENT	RELATIONSHIP	
<input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?	IF UNDER THE AGE OF 18 GIVE DATE OF BIRTH	MONTH	DAY	YEAR
<input type="checkbox"/> YES <input type="checkbox"/> NO				
POSITION				
TITLE OF POSITION FOR WHICH YOU ARE APPLYING.			SALARY EXPECTED	
			\$	
DATE AVAILABLE	ARE YOU SEEKING		IF OTHER, PLEASE DESCRIBE	
	<input type="checkbox"/> FULL TIME EMPLOYMENT <input type="checkbox"/> OTHER			
WILL YOU WORK HOURS OTHER THAN 8 TO 5?	WILL WORK WEEKENDS?	WILL YOU ACCEPT TEMPORARY WORK?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

GENERAL AREA OF OCCUPATIONAL INTEREST (CHECK ONLY ONE)

CLERICAL SERVICE/MAINTENANCE TECHNICAL CRAFTS/TRADES PROFESSIONAL/ADMINISTRATIVE PUBLIC SAFETY

OFFICE SKILLS		COMPUTER HARDWARE/PROGRAMMING LANGUAGES/SOFTWARE PRODUCTS USED	SKILLED TRADES
WORK PROCESSING EQUIPMENT OPERATED	SOFTWARE PACKAGES USED		YEARS EXPERIENCE
			CERTIFICATIONS
			LICENSES
TYPING – WPM	OTHER OFFICE EQUIPMENT OPERATED		

PLEASE STATE ANY OTHER INFORMATION THAT YOU FEEL WOULD BE HELFUL TO US IN CONSIDERING YOUR APPLICATION

EMPLOYMENT RECORD

*ITEMS MARKED WITH AN ASTERISK NEED NOT BE ANSWERED IF YOU ENCLOSE A RESUME

EMPLOYER	POSITION TITLES (LIST EARLIEST FIRST)	START DATE	END DATE	STARTING SALARY \$	HOURS PER WEEK
STREET ADDRESS				FINAL SALARY \$	HOURS PER WEEK
CITY, STATE, ZIP	LAST SUPERVISORS NAME	PHONE		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE POSITION*		REASON FOR LEAVING			

PRIOR EMPLOYMENT, MILITARY SERVICE, OR SIGNIFICANT VOLUNTEER WORK

EMPLOYER	POSITION TITLES (LIST EARLIEST FIRST)	START DATE	END DATE	STARTING SALARY \$	HOURS PER WEEK
STREET ADDRESS				FINAL SALARY \$	HOURS PER WEEK
CITY, STATE, ZIP	LAST SUPERVISORS NAME	PHONE		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE POSITION*		REASON FOR LEAVING			

EMPLOYER	POSITION TITLES (LIST EARLIEST FIRST)	START DATE	END DATE	STARTING SALARY \$	HOURS PER WEEK
STREET ADDRESS				FINAL SALARY \$	HOURS PER WEEK
CITY, STATE, ZIP	LAST SUPERVISORS NAME	PHONE		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE POSITION*		REASON FOR LEAVING			

EMPLOYER	POSITION TITLES (LIST EARLIEST FIRST)	START DATE	END DATE	STARTING SALARY \$	HOURS PER WEEK
STREET ADDRESS				FINAL SALARY \$	HOURS PER WEEK
CITY, STATE, ZIP	LAST SUPERVISORS NAME	PHONE		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE POSITION*		REASON FOR LEAVING			

EDUCATION & TRAINING

CIRCLE THE HIGHEST YEAR COMPLETED GRADE SCHOOL HIGH SCHOOL COLLEGE GRADUATE
1 2 3 4 5 7 8 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

HIGH SCHOOL LAST ATTENDED	NAME OF SCHOOL CITY AND STATE		GRADUATE?		TYPE OF DEGREE OR DIPLOMA	GRADE AVER. (A,B,C, etc.)	MAJOR SUBJECT
			YES	NO			
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL						
	CITY AND STATE						
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL						
	CITY AND STATE						
PROFESSIONAL VOCATIONAL OR TECHNICAL SCHOOL	NAME OF SCHOOL						
	CITY AND STATE						

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

NAME	MAILING ADDRESS	PHONE NO. (DAY)

- HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT BECAUSE YOUR WORK OR CONDUCT WAS NOT SATISFACTORY? YES NO
- HAVE YOU EVER RESIGNED AFTER OFFICIAL NOTIFICATION THAT YOUR WORK OR CONDUCT WAS NOT SATISFACTORY? YES NO
- HAVE YOU BEEN CONVICTED OF ANY CRIMINAL DRUG OFFENSE? YES NO (CONVICTION WILL NOT NECESSARILY BAR YOU FROM CONSIDERATION FOR EMPLOYMENT.)
- HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE EXPLAIN: _____

APPLICANTS STATEMENT

I CERTIFY THAT ALL INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO BE BOUND THEREBY. I HEREBY CONSENT TO THE DULY AUTHORIZED REPRESENTATIVES OF THE CITY OF PHENIX CITY TO CONTACT ANY OF MY FORMER EMPLOYERS, ANY OF THE EDUCATIONAL INSTITUTIONS THAT I HAVE ATTENDED, AND ANY OTHER PERSONS OR ORGANIZATIONS WHOM IT DETERMINES MIGHT HAVE INFORMATION RELEVANT TO MY APPLICATION HERE. I FURTHER CONSENT TO THOSE PERSONS OR ORGANIZATIONS DIVULGING RELEVANT INFORMATION TO THE CITY OF PHENIX CITY NOTWITHSTANDING THAT IT MIGHT OTHERWISE BE CONFIDENTIAL, SUCH AS RECORDS OF DISCIPLINARY PROCEEDINGS. I UNDERSTAND THAT ANY INFORMATION OBTAINED BY THE CITY OF PHENIX CITY IN THE COURSE OF THOSE CONTACTS WILL BE TREATED IN THE STRICTEST CONFIDENCE. I UNDERSTAND THAT BY ACCEPTING THIS APPLICATION THE CITY DOES NOT INCUR ANY LIABILITY FOR MY FUTURE EMPLOYMENT AND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE CITY TO CONTINUE TO EMPLOY ME IN THE FUTURE. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN ON THIS APPLICATION OR IN AN INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND AND AGREE TO ABIDE BY THE WORK RULES AND REGULATIONS OF THE CITY OF PHENIX CITY.

SIGNATURE OF APPLICANT _____ DATE _____

FOR PERSONNEL OFFICE USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		
5			

T E S T S R E S U L T S	TESTS ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

I N T E R V I E W R E S U L T S	INTERVIEWER NAME AND COMMENTS

N O T E S	