

CITY OF PHENIX CITY EMPLOYMENT APPLICATION

Human Resources 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.

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|--|--|--|--|--|
| 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 | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | MONTH | DAY | YEAR |
| 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 | LIST SKILLED TRADES, YEARS EXPERIENCE, CERTIFICATIONS AND LICENSES: |
|------------------------------------|---------------------------------|--|---|
| WORK PROCESSING EQUIPMENT OPERATED | SOFTWARE PACKAGES USED | | |
| | | | |
| | | | |
| TYPING – WPM | OTHER OFFICE EQUIPMENT OPERATED | | |
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EMPLOYMENT RECORD: (Most recent first) CURRENT EMPLOYMENT, PRIOR EMPLOYMENT, MILITARY SERVICE, OR SIGNIFICANT VOLUNTEER WORK *ITEMS MARKED WITH AN ASTERISK NEED NOT BE ANSWERED IF YOU ENCLOSE A RESUME

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

EDUCATION & TRAINING

CIRCLE THE HIGHEST YEAR COMPLETED GRADE SCHOOL HIGH SCHOOL COLLEGE GRADUATE
 1 2 3 4 5 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) |
|------|-----------------|-----------------|
| | | |
| | | |
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1. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT BECAUSE YOUR WORK OR CONDUCT WAS NOT SATISFACTORY? YES NO

2. HAVE YOU EVER RESIGNED AFTER OFFICIAL NOTIFICATION THAT YOUR WORK OR CONDUCT WAS NOT SATISFACTORY? YES NO

3. HAVE YOU BEEN CONVICTED OF ANY CRIMINAL DRUG OFFENSE? YES NO
 (CONVICTION WILL NOT NECESSARILY BAR YOU FROM CONSIDERATION FOR EMPLOYEMENT.)

4. 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 _____

ALL SUPPORTING DOCUMENTS REQUIRED FOR A SPECIFIC POSITION MUST BE SUBMITTED WITH EMPLOYMENT APPLICATION INCLUDING BUT NOT LIMITED TO DRIVER'S LICENSE, SOCIAL SECURITY CARD, PROOF OF EDUCATION, ETC. PLEASE SEE REQUIRED DOCUMENTS FOR THE POSITION FOR WHICH YOU ARE APPLYING

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 |
|--|--------------------|-----------|--------|-----------------------|
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| I N T E R V I E W R E S U L T S | INTERVIEWER NAME AND COMMENTS |
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| N O T E S | |
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The City of Phenix City Disclosure Statement

(PLEASE READ BEFORE SIGNING)

This City does not discriminate in hiring on any employment practice on the basis of race, color, religious creed, national origin, gender, ancestry or age, nor does the City discriminate against any employee or applicant for employment because of physical or mental disability, in regard to any position for which the employee or applicant is qualified. No question on this application is intended to secure information to be used for such discrimination. If you feel that you have been discriminated against in any prohibited manner during the selection process, please ask to speak to the Personnel Director in order for the matter to be investigated further.

Under the Americans with Disabilities Act (ADA), it is the responsibility of the applicant with a disability to request accommodation which he/she requires in order to participate in the application or examination process. The Human Resources Department reserves the right to require documentation of the need for accommodation under the ADA. In order to request accommodation in the application or testing process, contact the Human Resources Office at 334-448-2706.

This application will be given every consideration, but its receipt does not imply that you will be employed.

Statement Agreement

I hereby acknowledge that I have read the foregoing Disclosure Statement and understand the contents. I UNDERSTAND ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON SUCCESSFUL COMPLETION OF A PRE-EMPLOYMENT TEST FOR DRUG AND/OR ALCOHOL.

- A positive test result will cause my application for employment to be denied.
- If test results are positive, I may, upon written request within five (5) days from receiving the test results, obtain a confirmation test using a proven test method. A qualified physician designated by the City will interpret confirmation results.
- This test is voluntary. I may refuse to take this test or sign this form. However, refusal will result in the denial of my employment application.
- I further authorize the release of the test results to the City with the understanding the information will be used by the City for employment purposes.

I understand this application is not an offer of employment. Acceptance of my application with the City does not guarantee I will be offered a job. I also understand that if I am offered and accept a job, the City reserves and retain the right to make such changes in the terms and conditions of my employment as determined to be necessary and appropriate.

Print Name

Social Security Number

Signature

Date

Witness Signature

Date