

Application for Employment

City of Talladega
 P.O. Drawer 498
 Talladega, Alabama 35161

We consider applicant for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Street Address	City	State
		Zip Code
Telephone Number(s)		
Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
 (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
 (Conviction will not necessarily disqualify an application from employment.)

If yes, please explain

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
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	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business, or civic activities and offices held.</p> <p>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</p>

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Check Skills/Equipment Operated

	Special Licenses or Certifications (Please list):	Other (list):
<input type="checkbox"/> Microsoft Word	_____	_____
<input type="checkbox"/> Microsoft Excel	_____	_____
<input type="checkbox"/> Microsoft Power Point	_____	_____
<input type="checkbox"/> Microsoft Access	_____	_____
<input type="checkbox"/> Quickbooks	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or Without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ YES _____ NO

References

1. Name: _____	Phone: () _____
Address: _____	
2. Name: _____	Phone: () _____
Address: _____	
3. Name: _____	Phone: () _____
Address: _____	

APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Talladega is subject to the rules and regulations of the City and that I shall be required to abide by such rules and regulations. I further understand and acknowledge that neither this document nor any offer of employment from the City of Talladega constitute an employment contract.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant's Signature

Date