## City of Guntersville EMPLOYMENT APPLICATION



The City of Guntersville is an equal opportunity employer. All information provided will be considered without regard to race, color, religion, creed, gender, age, marital status, political affiliation, national origin, or disabilities which do not affect the individuals ability to perform the essential functions of the position held or applied for with or without reasonable accommodation.

| Application Date:    |  | Position Applied                     | For:                                |  |  |  |  |
|----------------------|--|--------------------------------------|-------------------------------------|--|--|--|--|
| positions. A sepa    | must be completed in full, signed rate application must be complete requirements, or for the position of | ed for each open positi              | on you wish to be con               | sidered for. Applications              |  |  |  |
| 1. PERSONA           | L DATA (Please Print Plainl  | y)                                   |                                     |  |  |  |  |
| Name:                |  |                                      |                                     |  |  |  |  |
| Last                 | First  |                                      | Middle                              |  |  |  |  |
| Social Security N    | No.:   | Email Address: _                     |                                     |  |  |  |  |
| Present Address      | Street No. and Name  |                                      |                                     |  |  |  |  |
|                      | City   | State                                | Zip                                 |  |  |  |  |
| Length of Time       | at Current Address:  |                                      | _                                   |  |  |  |  |
| Phone Numbers        | Phone Numbers: _()   |                                      |                                     |  |  |  |  |
| 2. EDUCATION         | ONAL BACKGROUND  |                                      |                                     |  |  |  |  |
| Type of school       | Name and Address   | How Many Years<br>Attended?          | Did You Graduate?                   | Major Coursework or<br>Degree Received |  |  |  |
| High School          |  |                                      | Yes □ No □                          |  |  |  |  |
| Trigii School        |  |                                      | If "No", do you have you hav        | ve your GED? <b>Yes □ No □</b>         |  |  |  |
| College              |  |                                      | Yes □ No □                          |  |  |  |  |
| Post<br>Graduate     |  |                                      | Yes □ No □                          |  |  |  |  |
| Business or<br>Trade |  |                                      | Yes □ No □                          |  |  |  |  |
| Other                |  |                                      | Yes □ No □                          |  |  |  |  |
|                      | CERTIFICATIONS— List any and all which you have applied.   | ll skills, abilities, certifications | , etc., required for this position, | , or that you feel are applicable      |  |  |  |
|                      |  |                                      |                                     |  |  |  |  |
|                      |  |                                      |                                     |  |  |  |  |

| 4. EMP least the te | LOYME<br>n years prec | <b>ENT HISTORY</b> — List in order, most recent or eding the date of this application. Use additional sh | current employer first. You must eets, if needed. | include y                  | our empl | byment history for at |
|---------------------|-----------------------|--|---|----------------------------|----------|-----------------------|
| A. Curr             | ent or mo             | st recent employer   |   |                            |          |                       |
| Da                  | tes                   | Name and Address of Previous Employer  | Supervisor's Name & Title                         | Rate of Pay                |          | Reason for Leaving    |
| From                | То                    | Name   |   | Start                      | Finish   |                       |
|                     |                       | Address  |   |                            |          |                       |
|                     |                       | City, St, Zip  |   |                            |          |                       |
| Describe            | the work yo           | ou did:  |   |                            |          |                       |
| May we c            | ontact this           | employer? Yes □ No □ If no, please state w   | hy:   |                            |          |                       |
| B. Next             | most rece             | nt employer (or explain gap in employm   | ent)  |                            |          |                       |
| Da                  | tes                   | Name and Address of Previous Employer  | Supervisor's Name & Title                         | Rate of Pay                |          | Reason for Leaving    |
| From                | То                    | Name   |   | Start                      | Finish   |                       |
|                     |                       | Address  |   |                            |          |                       |
|                     |                       | City, St, Zip  |   |                            |          |                       |
|                     | ontact this           | employer? Yes □ No □ If no, please state w   | hy:   |                            |          |                       |
| C. Next             | most rece             | ent employer (or explain gap in employm  | nent)   |                            |          |                       |
| Da                  | tes                   | Name and Address of Previous Employer  | Supervisor's Name & Title                         | Rate of Pay Reason for Lea |          | Reason for Leaving    |
| From                | То                    | Name   |   | Start                      | Finish   |                       |
|                     |                       | Address  |   |                            |          |                       |
|                     |                       | City, St, Zip  |   |                            |          |                       |
| Describe            | the work yo           | ou did:  |   |                            |          |                       |
| May we c            | ontact this           | employer? Yes □ No □ If no, please state w   | hy:   |                            |          |                       |
| D. Next             | most rece             | nt employer (or explain gap in employm   | nent)   |                            |          |                       |
| Da                  | tes                   | Name and Address of Previous Employer  | Supervisor's Name & Title                         | Rate of Pay R              |          | Reason for Leaving    |
| From                | То                    | Name   |   | Start                      | Finish   |                       |
|                     |                       | Address  |   |                            |          |                       |
|                     |                       | City, St, Zip  |   |                            |          |                       |
| Describe            | the work yo           | ou did:  |   |                            |          |                       |
| May we c            | ontact this           | employer? Yes □ No □ If no, please state w   | hy:   |                            |          |                       |

| 5 DDIVED'S I  | ICENS   | E INFO            | DMATION M                              | andotom if the | nogition | for wh        | iah way ara ann              | luina raquiras drivi | ng a City yahiala                          |
|---|---|-------------------|--|----------------|----------|---------------|------------------------------|----------------------|--|
| <b>5. DRIVER'S LICENSE INFORMATION</b> — Mandatory if the position for which you are applying requires driving a City vehicle.  Do you have a valid Alabama Commercial Driver's License? Yes □ No □ |   |                   |  |                |          |               |                              |                      |  |
| License Number  | Issuing   | 1                 | Expiration Date                        | Endorser       |          |               | Restrictions Has your licens |                      | e ever been revoked<br>? If "Yes", explain |
| 6. MILITARY   | SERVIO  | CE REC            | ORD                                    | l .            |          |               |                              |                      |  |
| Did you serve in  | the Arn   | ned Forc          | es? Yes 🗆 No                           |                |          |               |                              |                      |  |
| Branch of Service   |   | f Service<br>From | Active D<br>Reserve or                 | uty,           |          | k at<br>narge | 51                           |                      | Reason for Discharge                       |
| What were your dut  | What were your duties in the Service (include special training particularly applicable to the position for which you are applying)? |                   |  |                |          |               | e applying)?                 |                      |  |
|   |   |                   |  |                |          |               |                              |                      |  |
| 7. REFERENC   | ES- You   | ı must lis        | t three (3) referen                    | ces. Do no     | t name   | relativ       | res or past su               | pervisors            |  |
| N   | ame   |                   | Pho                                    | ne Numbe       | r        |               | Occupation                   |                      |  |
| 1.  | 1.  |                   | Work:                                  | Work:Other:    |          |               |                              |                      |  |
| 2.  |   |                   | Work:                                  | Work:Other:    |          |               |                              |                      |  |
| 3.  |   |                   | Work:Other:                            |                |          |               |                              |                      |  |
| 8. GENERAL I  | NFORM   | MATION            | N- All questions i                     | must be ans    | wered    |               |                              |                      |  |
| Are you legally at  |   |                   | <del>-</del>                           |                |          |               | Are you ove                  | r the age of 18?     | Yes □ No □                                 |
| Do you want to work: Full Time  Part– Time  If part-time, specify days and hours:   |   |                   |  |                |          |               |                              |                      |  |
| Have you worked for us before? Full Time □ Part– Time □ If yes, when?   |   |                   |  |                |          |               |                              |                      |  |
| If hired, when you be available to start work? Starting rate of pay desired: \$   |   |                   |  |                |          |               |                              |                      |  |
| List any friends or   | r relatives   | s working         | g for us:                              |                |          |               |                              |                      |  |
| Have you ever bed<br>If "yes" give the d<br>employment with   | date, plac  | e and des         | nding a guilty pleateribe the offense: | (A "yes" ar    | nswer w  | ill not       | t disqualify y               | ou from consid       | eration for                                |
| Are you required to notify law enforcement authorities of your intent to change your place of employment because of your status as an adult criminal sex offender? Yes $\square$ No $\square$       |   |                   |  |                |          |               |                              |                      |  |
| How did you about this ope  | ening?  | Current E         | er Advertisement<br>site               | ard            |          |               |                              |                      |  |

## 

## PLEASE READ CAREFULLY

I certify that the information given herein to be true and complete. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in my discharge. I understand that this application is not and is not intended to be a contract of employment.

Unless I checked "No" to indicate that I do not want the City to contact a former employer to obtain an employment reference and gave the reason for that choice, I authorize each person, school and former employer identified in this Application to provide the City of Guntersville with any information that the City may request. I authorize the City to conduct a complete background investigation to verify the accuracy of information in this Application, and I authorize the City to obtain complete information concerning any conviction or guilty plea for any crime. I consent to the release of all such information to the City, and I release each person, school, employer, or agency from any liability or damage related in any way to the furnishing of such information.

I also authorize the City to conduct a motor vehicle records check of my driving record and I consent to the disclosure of my driving record to the City, including driver's license number, and record of vehicle accidents, traffic violations and driver status.

I understand that once I submit this Application, the Application becomes the property of the City of Guntersville and that my application may be considered a public record subject to disclosure to the public.

I understand that if I am hired by the City, the terms and conditions of my employment are governed by the City's *Personnel Rules, Policies and Procedures*. I acknowledge that no representations or promises of any kind have been made to me to induce me to accept employment with the City.

I understand that the City of Guntersville is a Drug-Free Workplace, and that persons hired in certain job classifications are required to undergo a physical examination and a drug/alcohol test before beginning work for the City and at ant time specified by the *Policy Handbook*.. I understand that any offer of employment for these jobs is conditioned upon satisfactory completion of the physical examination and drug/alcohol test.

I understand that federal law requires me to provide proof of identification and employment eligibility.

By my signature, I certify that I have read, understand and agree with the Applicant's Consent and Agreement.

| Signature of Applicant: |  |  |
|-------------------------|--|--|
|                         |  |  |
|                         |  |  |
|                         |  |  |
| Date:                   |  |  |
|                         |  |  |