



CITY OF DEMOPOLIS

APPLICATION for EMPLOYMENT

PERSONAL AND CONFIDENTIAL

IMPORTANT

- City of Demopolis provides equal employment opportunity for all persons without regard to race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, or any other consideration protected by federal, state or local laws.
- When required by the position, you will be required to take a physical examination and/or a drug and alcohol screen as a condition of employment or continued employment.
- You will be required to furnish information that would allow the company to verify your records including, but not limited to, past employment, education, driving, credit, social security and felony and serious misdemeanor convictions as a condition of employment or continued employment.
- You will be required to furnish satisfactory proof of citizenship or legal alien status in compliance with the Immigration Reform and Control Act as a condition of employment or continued employment.

	Date of Application
	Middle Initial
	First Name
	Last Name

The City of Demopolis reserves the right to periodically check its employees for criminal activity. If criminal activity past or present should be discovered, the employee in question shall be subject to termination after proper procedure has been followed.

QUALIFICATIONS

List all current licenses and/or areas of certification. List all equipment (office, trade, or technical) that you operate proficiently. List any training, skills, aptitudes, qualifications or other information which you feel is relevant to the type of employment you are seeking.

RELEASE

For Office Use Only	Applicants DO NOT write below this line
<p>Received in Human Resources:</p> <p>Date: _____ Time: _____</p>	<p>Forwarded to: _____</p> <p>Date: _____</p>
<p>Interview: Yes</p> <p> <input type="checkbox"/></p> <p> No</p> <p> <input type="checkbox"/></p> <p>Date: _____ Time: _____</p>	<p>Verification Checks Required</p> <p>_____ DMV _____ Criminal</p> <p>_____ SSN _____ Education</p> <p>_____ Credit _____ Employers</p> <p>_____ Drug _____ Physical</p>
<p>Start Date: _____ Rate: _____</p> <p>Position:</p> <p>Department Head Signature: _____</p>	

City of Demopolis

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize, the City of Demopolis, and/or its agents to make an independent investigation of my background, social security number, documents presented for employment eligibility, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the City of Demopolis.

I release the City of Demopolis and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (please print)

Maiden Name or Other Names Used

Present Address How Long?

City/State Zip

Former Address How Long?

City/State Zip

*Date of Birth Social Security Number Driver's License Number State of License

Signature Date

*NOTE: The above information is required for identification purpose only, and is in no manner used as qualifications for employment. The City of Demopolis is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

VOLUNTARY SUPPLEMENTAL DATA SHEET

For Equal Employment Opportunity/Affirmative Action Information

The City of Demopolis is asking your voluntary cooperation in supplying the requested information. We are required by law to maintain Affirmative Action programs and to record this data for compliance. Refusal to provide this information will not eliminate you from consideration of employment or subject you to other adverse treatment. Information obtained will be kept confidential and will only be disclosed for the purpose of identifying work restrictions or at the request of government officials investigating compliance with federal law. This portion of the employment application will not become part of your application/personnel file.

NAME _____ Social Security
(LAST) (FIRST) (MIDDLE INITIAL) Number _____

ADDRESS: _____

POSITION APPLYING FOR: _____

GENDER: Male _____ Female: _____

Are you Handicapped?..... Yes No

Are you a Disabled Veteran?.....

If declaring handicap or disabled status, in what way(s) is your ability to perform the job(s) you seek limited?

Race/Ethnic Origin: (check one box only)

White (All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, and not, specifically included in a another group.)

Black (All persons having origins in any of the black racial groups.)

Asian or Pacific Islanders (All persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Pacific Islands, or Indian subcontinent. This area includes, for example, China, Japan, Korea, India, The Philippine Islands, or Samoa.)

Hispanic (All persons of Spanish, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)

American Indian or Alaskan Natives (All persons having origins in any of the original peoples of North American.)

Signature: _____ Date: _____

APPLICATION: Please check the appropriate box.

REFERRAL SOURCE: Advertisement Friend Relative
 Internet Employment Agency Walk-in Other

PERSONAL INFORMATION

First Name		Middle Initial		Last Name	
Current Address	Number and Street	City	State	ZIP	Yrs at Address
Previous Address	Number and Street	City	State	ZIP	Yrs at Address
Primary Telephone: ()		Cell Phone ()		E-mail:	
Social Security No.:		Driver's License No.: _____		Is your license Valid <input type="checkbox"/> es <input type="checkbox"/> o	
		Year of Expiration:		Issuing State	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No, Eligibility requires a valid work permit.		If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the functions that cannot be performed: _____ _____					
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (<i>Conviction does not guarantee employment disqualification.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No Describe nature of crime(s) and where and when convicted and disposition: _____					
NOTE: A criminal conviction will not necessarily be a bar to consideration for employment, except that a felony conviction will bar employment in a law enforcement job; the disclosure of a misdemeanor conviction will not automatically result in disqualification. Failure to disclose a conviction may be considered as grounds for disqualification. For these reasons, applicants should be careful to disclose <u>all</u> criminal convictions.					

JOB SUITABILITY

Position applying for:		Desired Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal		Desired Pay:		Can you work... <input type="checkbox"/> Weekends? <input type="checkbox"/> Overtime?	
On what date are you available for work?		Circle the days you are available for work Mon Tues Wed Thurs Fri Sat Sun				List any upcoming dates you can not work.	
Have you applied or worked here before? Applied <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ Worked <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____				Have you ever had a supervisory "Position"? <input type="checkbox"/> No <input type="checkbox"/> Yes What Company? What Position? No. of employees you supervised?			

Use this page to tell us about any other information you want us to know about.

MILITARY

Branch of U.S. Service <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Guard/Reserves <input type="checkbox"/> Army <input type="checkbox"/> Marines	Was separation from military service anything other than an honorable discharge? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____
Nature of duties and any Special Training and Honors received: _____	Dates of Active Duty _____
List any skills you acquired in the service that you think might relate to the position for which you are applying. _____	

REFERENCES

List at least three (3) non-relatives whom you have known for at least one year.					
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	Print Full Name	Address	Phone ()	Profession	Yrs Known
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	Print Full Name	Address	Phone ()	Profession	Yrs Known
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	Print Full Name	Address	Phone ()	Profession	Yrs Known

EDUCATION

Education	Name and Address of School	Course of Study	Circle Last year completed	Did you Graduate	List Diploma or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Business School <input type="checkbox"/> Trade School <input type="checkbox"/> College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Business School <input type="checkbox"/> Trade School <input type="checkbox"/> College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Graduate School <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT EXPERIENCE

List below all present and past employment starting with your most recent employer (last 7 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Mark this box if attaching a second sheet of work experience.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone	May we contact this employer?		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor	Reason for leaving		
<hr/>			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone	May we contact this employer?		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor	Reason for leaving		
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