

**APPLICATION FOR EMPLOYMENT
CITY OF OXFORD
OXFORD CIVIL SERVICE BOARD
P.O. Box 3383 / 600 STANLEY MERRILL DRIVE
OXFORD, ALABAMA 36203
OFFICE #256-831-3730 FAX #256-241-3338**

DO NOT WRITE IN THIS SPACE
INSTRUCTIONS: Applications must be received by the Civil Service Board or post marked on or before the closing date indicated on the announcement. A separate application is required for each examination.

OFFICE USE ONLY

RECEIVED	EXAM DATE	CERTIFIED
A.E.P.	TEST	GRADE

****PLEASE PRINT AND COMPLETE ALL SPACES IN INK**

1. <u>POSITION APPLYING FOR:</u>			4. <u>EMAIL ADDRESS:</u>		
2. <u>YOUR FULL NAME:</u>			5. <u>PHONE NUMBER</u>		
3. <u>PHYSICAL ADDRESS:</u>			7. Have you ever been convicted of any offense other than a minor traffic violation? YES NO <input type="checkbox"/> <input type="checkbox"/> Conviction is not necessarily disqualifying. Give the facts and dates of your conviction(s) in space 8.		
4. <u>CITY</u>	<u>STATE</u>	<u>ZIPCODE</u>	6. How long have you lived at your current address? _____ Driver's License # _____ Are you a Veteran? YES _____ NO _____ What branch? _____ Are you legally authorized to work in the U.S. and the State of Alabama? YES _____ NO _____		

8. Use this space to explain any items in Spaces 1-7.

****YOU ARE REQUIRED TO COMPLETE APPLICATION, FRONT AND BACK, WHETHER YOU SUBMIT A RESUME OR NOT.**

9. EDUCATION

A. Did you graduate from high school?

YES	NO	YOUR NAME AS LISTED ON YOUR HIGH SCHOOL DIPLOMA

B. If you have a high school equivalency certificate, give the location the certificate was granted.

CITY, STATE	FACILITY

C. Give last high school, grade school, or trade school you attended.

NAME OF SCHOOL	LOCATION	FOCUS	HONORS RECEIVED

D. List any colleges, business schools, or technical school you attended.

NAME OF SCHOOL	LOCATION	COURSE OR MAJOR	DEGREE OR CERTIFICATE RECEIVED

E. Other **TRAINING/SKILLS** (special courses, work training programs, armed forces training). Give name and location where training was given, certificate (if any), subject of training, and other details related to the job for which you are applying. Copies of certificates may be attached to application. TELL US WHAT YOUR TALENTS ARE HERE:

NOTE: Aliens must show an Alien Registration Receipt Card (Form I-151), or Form I-94 endorsed to permit employment

10. EXPERIENCE: Start with your present or last job and work back listing all paid or unpaid, full or part-time work, military service performed during the last 10 years. Use additional sheets of paper if you need more space. Work performed more than 10 years ago may be given if it applies to the job you seek.

May we contact your present employer? YES NO
 If no, list reasons why?

Starting Date Month Year	Ending Date Month Year	Name and address of present or last employer
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Salary	Hours Per Week	Name, Title, and Phone Number of your Immediate Supervisor
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Reasons for leaving:

Your present or last job title: _____

Your Duties:

Starting Date Month Year	Ending Date Month Year	Name and address of present or last employer
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Salary	Hours Per Week	Name, Title, and Phone Number of your Immediate Supervisor
--------	----------------	--

Reasons for leaving:

Your present or last job title: _____

Your Duties:

Starting Date Month Year	Ending Date Month Year	Name and address of present or last employer
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Salary	Hours Per Week	Name, Title, and Phone Number of your Immediate Supervisor
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Reasons for leaving:

Your present or last job title: _____

Your Duties:

REFERENCES: LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO WOULD HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION. DO NOT REPEAT NAMES OF SUPERVISORS LISTED UNDER EXPERIENCE.

NAME	BUSINESS/OCCUPATION	PHONE

CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed.

DATE SIGNATURE OF APPLICANT

****THE CITY OF OXFORD IS AN EQUAL OPPORTUNITY EMPLOYER****

The City of Oxford is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Oxford Civil Service Board

P.O. Box 3383 /600 Stanley Merrill Drive
Oxford,Alabama 36203

Scott Stephens, Chairman
Debbie Owen,Secretary
Jimmy Ogburn,Member
Russell Bryan, Member
Stanley Merrill,Member

Kellie B. Martin,Clerk
Phone 256-831-3730
Fax 256-241-3338
Member IPMA & CPS
EEOC/ADA Employer

Print Name: _____

If you are applying for employment with the City of Oxford,the Oxford Civil Service Board requests that you,as an applicant, sign this form granting permission to the City of Oxford to complete a background check if necessary to the position you are applying for. All information will remain confidential within the Oxford Civil Service Board and your permission is voluntary. At a later date, you may be ask for your social security number and date of birth.

I, _____ give permission for the City of Oxford
{Signature}
to check and verify my background. The purpose of this application is for positions available with the City of Oxford.

Kellie B. Martin,Civil Service Clerk
Witnessed,City of Oxford

Signature of Applicant

Date

**CITY OF OXFORD
OXFORD CIVIL SERVICE BOARD**

Drug Free Workplace Policy

As you consider employment with the City of Oxford, it is our duty to inform you of the personnel practices and the Drug-Free Workplace Policy the City of Oxford has established. Section 1.5 of the City of Oxford Employee Handbook states as follows:

1.5 In compliance with the Drug-Free Workplace Act of 1988 (PL 100-690 Title V, Subtitle D), the City absolutely prohibits the use, consumption, sale, purchase, transfer, possession, manufacture, or distribution of any controlled substance by any Municipal employee during working hours, while on Municipal Property, while representing the City, or while at an assigned workplace. In addition, City employees are strictly prohibited from being under the influence of alcohol or any controlled substance during working hours, while on municipal property, while representing the City or while at an assigned workplace. Legally prescribed medications are not covered under this policy and are permitted to the extent that their use does not adversely affect the employee's work ability, job performance, or the safety of others in the workplace. No employee shall operate any municipal vehicle or equipment under the influence of prescribed medication that would in any way impair their ability to operate the vehicle or equipment in a safe manner or where such operation is not recommended by the prescribing physician or by a prescription labeling.

The City established this program to inform employees about the dangers of drug abuse in the workplace, the City's policy of maintaining a drug-free workplace, available drug counseling, rehabilitation, and the penalties that may be imposed upon employees for the violation of drug abuse. In addition, the City of Oxford may take disciplinary action against an employee if reasonable suspicion has been met as stated in the Reasonable Suspicion Checklist.

**Before employment is granted by the City of Oxford, every potential applicant must be drug tested.
The Department Supervisor will set up all necessary appointments for drug screening.**

Signature of Applicant

Date

Signature of Parent

Date

If you are under eighteen, please have your parent or legal guardian sign this form along with your signature.