



CITY OF FAIRHOPE APPLICATION FOR EMPLOYMENT



The City provides equal employment opportunity without regard to race, color, religion, sex (including pregnancy, childbirth and related medical conditions), national origin, age (40 or over), citizenship, or status as a disabled veteran or veteran of the Vietnam era. The City provides equal employment opportunities for qualified disabled individuals.

Application Date: _____ **Position Applied for:** _____
Today's Date

This Application must be completed in full, signed and dated. Applications are only accepted for currently OPEN positions. A separate application must be completed for each open position you wish to be considered for. Applications not meeting these requirements, or for the position of "Any," will *not* be considered. Applications remain active until the position is filled.

1. PERSONAL DATA (Please Print Plainly)			
Name: _____			
<small>Last</small>	<small>First</small>	<small>Middle</small>	
Social Security No.: _____ - _____ - _____		Email Address: _____	
Present Address: _____			
<small>Street No. and Name</small>			
<small>City</small>		<small>State</small>	<small>Zip</small>
Length of Time at Current Address: _____			
Phone Numbers: _____ - _____ - _____			
<small>()</small>	<small>()</small>	<small>()</small>	<small>()</small>
<small>Home or Primary</small>	<small>Cell or Secondary</small>	<small>Other</small>	

2. EDUCATIONAL BACKGROUND				
Type of School	Name and Address	How Many Years Attended?	Did You Graduate?	Major Coursework or Degree Received
High School	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	_____		If "No," do you have your GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
College	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Post Graduate	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Business or Trade	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. SKILLS & CERTIFICATIONS – List any and all skills, abilities, certifications, etc., required for this position, or that you feel are applicable to the position for which you have applied.

4. EMPLOYMENT HISTORY – List in Order, Most Recent or Current Employer First. You must include your employment history for at least the ten years preceding the date of this application. Use additional sheets, if needed.

A. Current or most recent employer

Dates		Name and Address of Previous Employer	Supervisor's Name & Title	Rate of Pay		Reason for Leaving
From	To			Start	Finish	
		Name				
		Address				
		City, St, Zip				

Describe the work you did:

May we contact this employer? Yes No If no, please state why: _____

B. Next most recent employer (or explain gap in employment)

Dates		Name and Address of Previous Employer	Supervisor's Name & Title	Rate of Pay		Reason for Leaving
From	To			Start	Finish	
		Name				
		Address				
		City, St, Zip				

Describe the work you did:

May we contact this employer? Yes No If no, please state why: _____

C. Next most recent employer (or explain gap in employment)

Dates		Name and Address of Previous Employer	Supervisor's Name & Title	Rate of Pay		Reason for Leaving
From	To			Start	Finish	
		Name				
		Address				
		City, St, Zip				

Describe the work you did:

May we contact this employer? Yes No If no, please state why: _____

D. Next most recent employer (or explain gap in employment)

Dates		Name and Address of Previous Employer	Supervisor's Name & Title	Rate of Pay		Reason for Leaving
From	To			Start	Finish	
		Name				
		Address				
		City, St, Zip				

Describe the work you did:

May we contact this employer? Yes No If no, please state why: _____

5. DRIVER'S LICENSE INFORMATION – 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 State	Class List All	Expiration Date	Endorsements	Restrictions	Has your license ever been revoked or suspended? If "YES," explain.

6. MILITARY SERVICE RECORD

Did you serve in the Armed Forces? YES NO

Branch of Service	Dates of Service		Active Duty, Reserve or Guard	Rank at Discharge	Type of Discharge	Reason for Discharge
	From	To				

What were your duties in the Service (include special training particularly applicable to the position for which you are applying)?

7. REFERENCES – You must list three (3) references. Do not name relatives or past supervisors.

Name	Phone Number	Occupation
1.	Work: _____ Other: _____	
2.	Work: _____ Other: _____	
3.	Work: _____ Other: _____	

8. GENERAL INFORMATION – All questions must be answered.

Are you legally authorized to work in the United States? Yes No Are you over 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? Yes No If yes, when? _____
(Dates of Service)

If hired, when would you be available to start work? _____ Starting rate of pay desired: \$ _____
(Date)

List any friends or relatives working for us:

Have you ever been convicted (including a guilty plea or a no-contest plea) of a crime? If "yes" give the date, place and describe the offense: (A "yes" answer will not disqualify you from consideration for employment with the City.) _____ Yes No

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 No

How did you hear about this opening?

Walk In – Public Bulletin Board

Current Employee Name: _____

Newspaper Advertisement

City Web Site

Other List: _____

APPLICANT'S CONSENT AND AGREEMENT

PLEASE READ CAREFULLY

I promise that the information I gave in this Application for Employment is true and complete. I understand that the City may refuse to hire me or, if I am hired by the City, may dismiss me if I gave false, misleading or incomplete information in this application.

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 Fairhope 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 Fairhope 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 the City is not obligated to continue my employment for any particular length of time, and that I do not have a contract right, a property right, or any other right to continued employment with the City, and that the City can terminate my employment at any time and for any reason the City deems sufficient.

I understand that the City of Fairhope 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. 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: _____

CITY OF FAIRHOPE
APPLICANT INFORMATION RELEASE

Consent and Release of Liability

Name of Employee or Applicant (Please Print)

Last

First

Middle

I hereby authorize any company, corporation, person or educational institution I have listed on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I also authorize all credit agencies, law enforcement agencies or military services to release information they may have about me to the City of Fairhope or its agents.

I will hold the City of Fairhope, any corporations, companies, credit agencies, educational institutions, law enforcement agencies, military services, former employers and all other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Date of Birth

_____-_____-_____
Month Day Year

Driver's License Number

Issuing State

Expiration Date

_____-_____-_____
Month Day Year

Applicant

Date