

CITY OF PHENIX CITY

EMPLOYMENT APPLICATION

Human Resources Office

APPLICANT

*Please complete pages 1 through 4

*Print in black or blue ink.

*If you have a resume, please attach

*If you need more space, attach a supplemental page

*Immigration Reform and Control Act of 1988 requires identity and employment eligibility verification for employment.

GENERAL				DATE OF APPLICATION	
NAME (LAST)		(FIRST)		(MIDDLE)	
EMAIL ADDRESS					
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)				PHONE	
PHONE-ALT					
HAVE YOU WORKED FOR THE CITY OF PHENIX CITY BEFORE?		IF YES, DATES OF EMPLOYMENT		DEPARTMENT	
☐ YES ☐ NO		POSITION			
HAVE YOU FILED AN APPLICATION HERE BEFORE		IF YES, GIVE DATE		ARE YOU CURRENTLY EMPLOYED?	
☐ YES ☐ NO		☐ YES ☐ NO		MAY WE CONTACT YOU AT YOUR PLACE OF WORK?	
☐ YES ☐ NO		☐ YES ☐ NO			
DO YOU HAVE RELATIVES EMPLOYED AT THE CITY OF PHENIX CITY?		IF YES, GIVE NAME		DEPARTMENT	
☐ YES ☐ NO		RELATIONSHIP			
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?		IF UNDER THE AGE OF 18 GIVE DATE OF BIRTH			
☐ YES ☐ NO		MONTH DAY YEAR			
TITLE OF POSITION FOR WHICH YOU ARE APPLYING.				SALARY EXPECTED	
DATE AVAILABLE		ARE YOU SEEKING		IF OTHER, PLEASE DESCRIBE	
		☐ FULL TIME EMPLOYMENT ☐ OTHER			
WILL YOU WORK HOURS OTHER THAN 8 TO 5?		WILL WORK WEEKENDS?		WILL YOU ACCEPT TEMPORARY WORK?	
☐ YES ☐ NO		☐ YES ☐ NO		☐ YES ☐ NO	

OFFICE SKILLS		COMPUTER HARDWARE/PROGRAMMING LANGUAGES/SOFTWARE PRODUCTS USED	LIST SKILLED TRADES, YEARS EXPERIENCE, CERTIFICATIONS AND LICENCES
WORK PROCESSING EQUIPMENT OPERATED	SOFTWARE PACKAGES USED		
TYPING – WPM	OTHER OFFICE EQUIPMENT OPERATED		

EMPLOYMENT RECORD: (Most recent first) CURRENT EMPLOYMENT, PRIOR EMPLOYMENT, MILITARY SERVICE, OR SIGNIFICANT VOLUNTEER WORK

*ITEMS MARKED WITH AN ASTERISK NEED NOT BE ANSWERED IF YOU ENCLOSE A RESUME

EMPLOYER	POSITION TITLES (LIST EARLIEST FIRST)	START DATE	END DATE	HOURS PER WEEK
STREET ADDRESS				
CITY, STATE, ZIP	LAST SUPERVISORS NAME	PHONE	MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	
DESCRIBE POSITION*		REASON FOR LEAVING:		

EMPLOYER	POSITION TITLES (LIST EARLIEST FIRST)	START DATE	END DATE	HOURS PER WEEK
STREET ADDRESS				
CITY, STATE, ZIP	LAST SUPERVISORS NAME	PHONE	MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	
DESCRIBE POSITION*		REASON FOR LEAVING:		

EMPLOYER	POSITION TITLES (LIST EARLIEST FIRST)	START DATE	END DATE	HOURS PER WEEK
STREET ADDRESS				
CITY, STATE, ZIP	LAST SUPERVISORS NAME	PHONE	MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	
DESCRIBE POSITION*		REASON FOR LEAVING:		

EMPLOYER	POSITION TITLES (LIST EARLIEST FIRST)	START DATE	END DATE	HOURS PER WEEK
STREET ADDRESS				
CITY, STATE, ZIP	LAST SUPERVISORS NAME	PHONE	MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	
DESCRIBE POSITION*		REASON FOR LEAVING:		

PLEASE STATE ANY OTHER INFORMATION THAT YOU FEEL WOULD BE HELFUL TO US IN CONSIDERING YOUR APPLICATION

EDUCATION & TRAINING

MARK THE HIGHEST
YEAR COMPLETED

GRADE SCHOOL
1 2 3 4 5 7 8

HIGH SCHOOL
9 10 11 12

COLLEGE
1 2 3 4

GRADUATE
1 2 3 4

HIGH SCHOOL LAST ATTENDED	NAME OF SCHOOL		GRADUATE?		TYPE OF DEGREE OR DIPLOMA	GRADE AVER. (A,B,C, etc.)	MAJOR SUBJECT
	CITY AND STATE		YES	NO			
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL						
	CITY AND STATE						
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL						
	CITY AND STATE						
PROFESSIONAL VOCATIONAL OR TECHNICAL SCHOOL	NAME OF SCHOOL						
	CITY AND STATE						

WORK RELATED REFERENCES

NAME	MAILING ADDRESS	PHONE NO. (DAY)

1. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT BECAUSE YOUR WORK OR CONDUCT WAS NOT SATISFACTORY? ☐ YES ☐ NO
2. HAVE YOU EVER RESIGNED AFTER OFFICIAL NOTIFICATION THAT YOUR WORK OR CONDUCT WAS NOT SATISFACTORY? ☐ YES ☐ NO
3. HAVE YOU BEEN CONVICTED OF ANY CRIMINAL DRUG OFFENSE? ☐ YES ☐ NO
(CONVICTION WILL NOT NECESSARILY BAR YOU FROM CONSIDERATION FOR EMPLOYEMENT.)
4. HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE EXPLAIN:

APPLICANTS STATEMENT

I CERTIFY THAT ALL INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO BE BOUND THEREBY. I HEREBY CONSENT TO THE DULY AUTHORIZED REPRESENTATIVES OF THE CITY OF PHENIX CITY TO CONTACT ANY OF MY FORMER EMPLOYERS, ANY OF THE EDUCATIONAL INSTITUTIONS THAT I HAVE ATTENDED, AND ANY OTHER PERSONS OR ORGANIZATIONS WHOM IT DETERMINES MIGHT HAVE INFORMATION RELEVANT TO MY APPLICATION HERE. I FURTHER CONSENT TO THOSE PERSONS OR ORGANIZATIONS DIVULGING RELEVANT INFORMATION TO THE CITY OF PHENIX CITY NOTWITHSTANDING THAT IT MIGHT OTHERWISE BE CONFIDENTIAL, SUCH AS RECORDS OF DISCIPLINARY PROCEEDINGS. I UNDERSTAND THAT ANY INFORMATION OBTAINED BY THE CITY OF PHENIX CITY IN THE COURSE OF THOSE CONTACTS WILL BE TREATED IN THE STRICTEST CONFIDENCE. I UNDERSTAND THAT BY ACCEPTING THIS APPLICATION THE CITY DOES NOT INCUR ANY LIABILITY FOR MY FUTURE EMPLOYMENT AND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE CITY TO CONTINUE TO EMPLOY ME IN THE FUTURE. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN ON THIS APPLICATION OR IN AN INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND AND AGREE TO ABIDE BY THE WORK RULES AND REGULATIONS OF THE CITY OF PHENIX CITY.

ALL SUPPORTING DOCUMENTS REQUIRED FOR A SPECIFIC POSITION MUST BE SUBMITTED WITH EMPLOYMENT APPLICATION INCLUDING BUT NOT LIMITED TO DRIVER'S LICENSE, SOCIAL SECURITY CARD, PROOF OF EDUCATION, ETC. PLEASE SEE REQUIRED DOCUMENTS FOR THE POSITION FOR WHICH YOU ARE APPLYING

DISCLOSURE STATEMENT

This City does not discriminate in hiring on any employment practice on the basis of race, color, religious creed, national origin, gender, ancestry or age, nor does the City discriminate against any employee or applicant for employment because of physical or mental disability, in regard to any position for which the employee or applicant is qualified. No question on this application is intended to secure information to be used for such discrimination. If you feel that you have been discriminated against in any prohibited manner during the selection process, please ask to speak to the Personnel Director in order for the matter to be investigated further.

Under the Americans with Disabilities Act (ADA), it is the responsibility of the applicant with a disability to request accommodation which he/she requires in order to participate in the application or examination process. The Human Resources Department reserves the right to require documentation of the need for accommodation under the ADA. In order to request accommodation in the application or testing process, contact the Human Resources Office at 334-448-2706.

This application will be given every consideration, but its receipt does not imply that you will be employed.

I UNDERSTAND ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON SUCCESSFUL COMPLETION OF A PRE-EMPLOYMENT TEST FOR DRUG AND/OR ALCOHOL.

A positive test result will cause my application for employment to be denied.

If test results are positive, I may, upon written request within five (5) days from receiving the test results, obtain a confirmation test using a proven test method. A qualified physician designated by the City will interpret confirmation results.

This test is voluntary. I may refuse to take this test or sign this form. However, refusal will result in the denial of my employment application. I further authorize the release of the test results to the City with the understanding the information will be used by the City for employment purposes.

I understand this application is not an offer of employment. Acceptance of my application with the City does not guarantee I will be offered a job. I also understand that if I am offered and accept a job, the City reserves and retain the right to make such changes in the terms and conditions of my employment as determined to be necessary and appropriate.

Print Name

Last 4 digits of Social Security Number

Signature of Applicant

Date

Witness Signature (anyone over the age of 18)

Date



Alabama Background Check (ABC) Report Waiver



Pursuant to §49-9-594, Code of Alabama 1975, the Alabama Criminal Justice Information Center (ACJIC) may supply employee criminal records and may provide the procedure for obtaining the records. The purpose of this waiver is to provide my employer/prospective employer with sufficient identifying information about myself to allow my employer/prospective employer to obtain my criminal record by querying the ACJIC Alabama Background Check (ABC) system.

By signing this waiver I, _____, certify that all of the personal identifying information provided herein is accurate. I understand that by providing this information and signing this document I agree to allow my employer/prospective employer to receive a copy of my report through ACJIC.

I understand that ABC reports may contain reported felony and misdemeanor arrests, violations, and court records included in databases maintained by the State of Alabama. I further understand that ABC reports contain personal information from motor vehicle records included in records maintained by the State of Alabama. Personal information is information that identifies the individuals on whom the ABC report is conducted, including photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. Juvenile, youthful offender, sealed and/or expunged records will not appear on any ABC report.

I further understand that any information supplied on an ABC report is derived from a name-based search using only the identifiers submitted by my employer/prospective employer or this employer's authorized Third Party User based on the information provided by me on this form. ACJIC in no way guarantees that criminal history record information provided through this system is for the person named in the request. Fingerprint based searches are the most reliable way to conduct criminal record checks and the least likely to result in either a false positive or false negative search result. This is not a fingerprint based search.

I understand that this waiver may be sent to ACJIC electronically in a form prescribed by ACJIC.

I understand that the results of my ABC report may be verified by submitting fingerprints to the Alabama Department of Public Safety.

PLEASE PRINT ... *Asterisks denote required information.

Last Name* (required)	First Name* (required)	Middle Name	Maiden Name
Street Address		City, State and Zip Code	
Sex / Gender* (required)	Race* (required)	Date of Birth	
Social Security Number*		Place of Birth	
Drivers License State		Drivers License #	
Signature* (required)		Date of Signature* (required)	
Name of Employer/Prospective Employer			
City of Phenix City			

**PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION**

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE CITY OF PHENIX CITY, ALABAMA ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING ME, MY WORK RECORD, SCHOOL RECORD, MY REPUTATION, MY FINANCIAL AND CREDIT STATUS. PLEASE INCLUDE ANY RECORDS OR REPORTS INCLUDING ALL INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE, AND PHOTOSTATS OF SAME IF REQUESTED. THIS INFORMATION IS TO BE USED TO ASSIST THE CITY OF PHENIX CITY, ALABAMA IN DETERMINING MY QUALIFICATIONS FOR THE POSITION I AM SEEKING.

I RELEASE YOU, YOUR ORGANIZATION OR OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE. I FURTHER RELEASE THE CITY OF PHENIX CITY AND THE PERSONNEL CONDUCTING THIS INVESTIGATION FROM ALL CLAIMS RESULTING FROM OR ARISING OUT OF THE INVESTIGATION AND THE SUBSEQUENT DISSEMINATION OF THE BACKGROUND INFORMATION.

YOU ARE HEREBY INFORMED THAT AN INVESTIGATIVE REPORT TO INCLUDE INFORMATION OBTAINED FROM REFERENCES, PAST EMPLOYERS AND SOCIAL MEDIA ACCOUNTS WILL BE MADE A PART OF YOUR BACKGROUND INVESTIGATION.

ANY FALSIFICATION OF INFORMATION ON YOUR APPLICATION WILL AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT WITH THE CITY OF PHENIX CITY, ALABAMA.

A PHOTOSTAT OF THIS AUTHORIZATION IS TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

THE SUBMISSION OF YOUR APPLICATION DOES NOT GUARANTEE YOU EMPLOYMENT OR AN EMPLOYMENT INTERVIEW WITH THE CITY OF PHENIX CITY, ALABAMA.

SIGNATURE

(Must be signed in front of Notary)

DATE

PRINTED NAME

- FOR NOTARY TO COMPLETE -

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____DAY OF _____, 20____.

MY COMMISSION EXPIRES: _____

SIGNATURE OF NOTARY PUBLIC _____