



Application for Employment

740 North Main Street
 Arab, AL 35016
 Telephone: 256-586-3544
 Fax: 256-586-9711

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

The City of Arab is an Equal Opportunity Employer.

PLEASE PRINT LEGIBLY

Position Applied For and Job Announcement number:	Date of Application:
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How Did You Learn About Us?

Advertisement
 Friend
 Walk-in
 Employment Agency
 Relative
 Other: _____

Last Name	First Name	Middle Name
Street Address	City	State Zip Code
Telephone Number (s)	Email Address	Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you ever filed an application with us before? Yes - Give Date: _____ No

Have you ever been employed with us before? Yes - Give Date: _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or Immigration status will be required upon employment) Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Are you able to perform the Essential Functions of the position for the position which you have applied, with or without reasonable accommodation? Yes No

Date you would be available for work _____ / _____ / _____

Education

Circle last grade completed – Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

	Name & Address of School	Course of Study	Years Completed	Did You Graduate?	GED, Diploma or Degree
Elementary School					
High School Attended					
College or Secondary					
Other (Specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Additional Information

Other Qualifications – Summarize special job-related skills and qualifications required from employment or other experience.

Employment Experience (List your present and former employers beginning with the most recent.)

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number (s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

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Job Title	Supervisor			
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References

Name	Address	Phone Number
1.		
2.		
3.		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at an time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant:	Date:
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Personnel Department Use Only

Is applicant qualified for position in which applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arrange Interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes:		