

**City of Childersburg**  
 201 8th Ave., S.W. • P.O. Box 369 • Childersburg, Alabama 35044  
**APPLICATION FOR EMPLOYMENT**  
 (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

NAME				DATE	
LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER		
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
PHONE NO.	ALTERNATE PHONE	ARE YOU 18 YEARS OR OLDER?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
REFERRED BY		

EDUCATION	CIRCLE YEAR COMPLETED	MAJOR	ARE YOU CURRENTLY ENROLLED?	DEGREE OBTAINED
HIGH SCHOOL	FR. SO. JR. SR. GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
JUNIOR COLLEGE	FR. SO. JR. SR.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE	FR. SO. JR. SR.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE OR VOCATIONAL SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

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SPECIAL SKILLS

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MILITARY SERVICE	BRANCH OF SERVICE	DATES FROM	TO	RANK
Describe any training that you feel is relevant		Type of Discharge		

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July, 26, 1991.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

MAY WE CONTACT THE EMPLOYERS ABOVE?  Yes  No IF NOT PLEASE INDICATE THE ONE(S) YOU DO NOT WANT US TO CONTACT

**REFERENCES** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

**\*PLEASE ATTACH RESUME.**

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM EMPLOYMENT?  Yes  No IF YES, GIVE NAME OF EMPLOYER(S) AND REASON(S).

NAME OF RELATIVE(S) EMPLOYED BY THE CITY OF CHILDERSBURG

RELATIONSHIP

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

*I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I understand that any offer of employment is subject to a physical examination. I understand that I must pass an annual physical examination, if so requested by my employer, in order to maintain my employment. These physical examinations include drug and alcohol tests.*

*I authorize you to obtain investigative reports containing information concerning any civil or criminal offenses. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.*

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

NEATNESS \_\_\_\_\_

ABILITY \_\_\_\_\_

HIRED:  Yes  No

POSITION \_\_\_\_\_

DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_

DATE REPORTING TO WORK \_\_\_\_\_

APPROVED: 1 \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER