

Please complete the entire application and answer every question that applies to you.



EMPLOYMENT APPLICATION

Return To: CITY OF SELMA
PERSONNEL DEPARTMENT
P. O. Box 450
222 Broad Street
Selma, AL 36702-0450

Position Applied For:
1) _____
2) _____
Department::
1) _____
2) _____

Full Name _____
First Middle Last

Mailing Address _____
Number Street /Route County City State Zip Code

Former Residence: _____

Telephone Number: Home () _____ Cell () _____ Work () _____
Area Code Area Code Area Code

Date of Birth: (Provide only if applying for Firefighter or Police Officer) ____/____/____. Social Security No. _____

Are you age 18 or older? ____ Yes ____ No. If hired, can you provide evidence of legal eligibility to work in the U.S.? ____ Yes ____ No. An offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.

Have you ever been convicted of a felony and/or misdemeanor other than a minor traffic offense? ____ Yes ____ No. If yes, please explain fully (What, Where, When & Results (for example, paid fine, served time)).

Conviction will not necessarily disqualify an applicant from employment. All circumstances will be considered.

Military:
Have you served in the military? ____ Yes ____ No. What type of training/experience or education did you receive in the military?

Branch of Service: _____ Number of years served: _____ Rank When discharged: _____

ARE YOU SEEKING ____ FULL-TIME ____ PART-TIME ____ FULL-TIME OR PART- TIME ____ TEMPORARY

How did you learn of this position? (Check those that apply to you)

____ Newspaper Ad ____ State Employment Office ____ Walk-in ____ Friend/Relative ____ Job Posting
____ City's Bulletin Board ____ Radio Announcement ____ City Employee ____ Selma Career Center ____ City's Website
____ College Placement Center ____ High School Counselor

____ Other, please specify _____

Equal Opportunity Employer

The City of Selma provides a public personnel system based on merit principles. It strives for improvement of public service by employing and developing the best qualified people available. Every job applicant is rated solely on his or her ability without regard to religion, race, color, creed, gender, political beliefs or disability.

Are you now employed? ____ (YES) ____ (NO) May we contact this Employer? ____ (YES) ____ (NO)
Have you ever been employed by the City of Selma? ____ (YES) ____ (NO) If yes, give dates of employment and the Department where you worked: FROM : _____ TO: _____. DEPARTMENT: _____.
Include details of such employment in the sections below. Use back of page if more space is needed.

Have you ever been involuntarily terminated, discharged, forced to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job? ____ (YES) ____ (NO) If yes, provide an explanation below:

WORK HISTORY (Complete all blanks legibly)

Start with your current or last job and work back. Be specific about the duties you performed in each job. If you changed jobs and/or titles at the same employer, list separately. Include experience in military. *You may submit resume along with completed application.*

1. Current or Last Employer: _____ **Job Title:** _____

Address: _____

From: (Month) _____ (Year) _____ TO: (Month) _____ (Year) _____ Number Hours per Week _____

Beginning Salary: \$ _____ Per _____. Ending Salary: \$ _____ Per _____ May we contact this employer? (Yes) (No)
Reason for Leaving: _____

Number of employees you supervised on a regular basis: _____ Equipment you operated: _____

Name, Title and Telephone Number of Supervisor: _____

Describe Your Duties in Detail: _____

2. Employer _____ **Job Title:** _____

Address: _____

From: (Month) _____ (Year) _____ **To:** (Month) _____ (Year) _____ Number Hours per Week _____

Beginning Salary: \$ _____ Per _____. Ending Salary: \$ _____ Per _____ May we contact this employer? ____ (Yes) ____ (No)

Reason for Leaving: _____

Number of employees you supervised on a continuous basis: _____ Equipment you operated: _____

Name, Title and Telephone Number of Supervisor: _____

Describe Your Duties in Detail: _____

3. Employer _____ **Job Title:** _____

Address: _____

From: (Month) _____ (Year) _____ **To:** (Month) _____ (Year) _____ Number Hours per Week _____

Beginning Salary: \$ _____ Per _____. Ending Salary: \$ _____ Per _____ May we contact this employer? ___ (Yes) ___ (No)

Reason for Leaving: _____

Number of employees you supervised on a regular basis: _____ Equipment you operated: _____

Name, Title and Telephone Number of Supervisor: _____

Describe Your Duties in Detail:

4. Employer _____ **Job Title:** _____

Address : _____

From: (Month) _____ (Year) _____ **To:** (Month) _____ (Year) _____ Number Hours per Week _____

Beginning Salary: \$ _____ Per _____. Ending Salary: \$ _____ Per _____ May we contact this employer? ___ (Yes) ___ (No)

Reason for Leaving: _____

Number of employees you supervised on a regular basis: _____ Equipment you operated: _____

Name, Title and Telephone Number of Supervisor: _____

Describe Your Duties in Detail:

EDUCATION

High School Diploma or GED? ___ Yes ___ No

Date/Place Rec'd GED: (Submit Certificate)

Circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12

Name/Location of Last School Attended:

PROVIDE INFORMATION ON SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. If on-line indicate by Asterisk*

Name and Location of College/University, Other:	Dates of attendance		Credit Hours		Did you Graduate?		Type of Degree and Date	Major
	Month/Year	From	To	Earned	Yes	No		
				Sem.	Qtr.			
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Are you now working towards a college degree (Bachelor's Graduate, or Special)? ___ Yes ___ No.
If YES, name of Degree and Expected date of receipt _____ Date: ___ / ___ / ____.

SPECIAL TRAINING (Correspondence, Business, Trades, Vocational, Armed Forces, etc.) - Submit copy)

PROFESSIONAL LICENSE And/ OR CERTIFICATE (i.e., CDL, etc)

License/Certificate Issued By _____ Field / Trade/Specialization _____ License/Certificate No. _____ Issue Date _____ Expiration Date _____

Give title or kind of licenses or permits in the space above.

Do you hold a current valid Alabama Driver's License? ___ Yes ___ No. License Number _____ Expiration Date ___/___/____.

Are you skilled in the operation or maintenance of any kind of equipment? If yes, name the type of machines or equipment and the years of experience: _____

ADDITIONAL PAID WORK EXPERIENCE

Please ask for a supplemental page if you need more available space.

FROM	TO	Hours per Week	Employer Name & Address	Last Salary Per _____	Job Title and Duties

LIST ANY VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT

<u>DATES (Month & Year)</u> From: _____ TO: _____	Where did you volunteer?	Description of activities or volunteer work

List any relatives presently employed by the City of Selma in any capacity:

Name: _____ Relationship _____ Department: _____

Name: _____ Relationship _____ Department: _____

Name: _____ Relationship _____ Department: _____

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby certify that I have never been a member of any organization or group which seeks to alter the form of government of the United States by unconstitutional means. I further certify that all answers to the above questions are true, correct and complete and I understand that any misstatement of material facts contained in this application, regardless of time of discovery, will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the City of Selma, Alabama. I understand that all information on this application is subject to verification and I consent to background checks and employment checks. I understand that this application shall be a confidential record of the personnel department subject to inspection of the appointing authority as provided by the rules and regulations and to my personal inspection.

Signature: _____ Date Signed: _____

For Personnel Use Only: