

# APPLICATION FOR EMPLOYMENT

City of Eufaula  
Personnel Department  
P. O. Box 219  
Eufaula, Alabama 36072-0219  
Phone (334) 688-2000 Fax (334) 688-2016

(Please Print)

Position(s) Applied For: **PART-TIME ACTIVITIES COORDINATOR** Date of Application \_\_\_/\_\_\_/\_\_\_

How Did You Learn About Us?

Advertisement  
 Website

Friend  
 Relative

Walk In  
 Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Have you ever filed an application with us before?  yes  no

If Yes, give date: \_\_\_/\_\_\_/\_\_\_

Have you ever been employed with us before?  yes  no

If Yes, give date: \_\_\_/\_\_\_/\_\_\_

Are you currently employed?  yes  no

May we contact your present employer?  yes  no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  yes  no

*Proof of citizenship or immigration status will be required upon employment.*

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

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On what date would you be available for work?

Date: \_\_\_/\_\_\_/\_\_\_\_

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

Are you currently on "lay-off" status and subject to recall? \_\_\_ yes \_\_\_ no

Can you travel if a job requires it? \_\_\_ yes \_\_\_ no

Have you been convicted of a felony within the last 7 years? \_\_\_ yes \_\_\_ no

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School	_____	_____	_____	_____
High School	_____	_____	_____	_____
Undergraduate School	_____	_____	_____	_____
Graduate Professional	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

Indicate any **foreign languages** you can speak, read, and /or write

	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Describe any job-related training received in the United States military.

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## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

	Dates Employed		
	From	To	Work Performed
Employer: _____	_____	_____	_____
Address: _____	Hourly Rate/Salary		_____
Telephone Number(s): _____	<b>Starting</b>	<b>Final</b>	_____
Job Title: _____	_____	_____	_____
Supervisor: _____			_____
Reason For Leaving: _____			_____
_____			_____

	Dates Employed		
	From	To	Work Performed
Employer: _____	_____	_____	_____
Address: _____	Hourly Rate/Salary		_____
Telephone Number(s): _____	<b>Starting</b>	<b>Final</b>	_____
Job Title: _____	_____	_____	_____
Supervisor: _____			_____
Reason For Leaving: _____			_____
_____			_____

	Dates Employed		
	From	To	Work Performed
Employer: _____	_____	_____	_____
Address: _____	Hourly Rate/Salary		_____
Telephone Number(s): _____	<b>Starting</b>	<b>Final</b>	_____
Job Title: _____	_____	_____	_____
Supervisor: _____			_____
Reason For Leaving: _____			_____
_____			_____

List professional, trade, business, or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

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## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### Specialized Skills

### Check Skills/Equipment Operated

Calculator

Computer:

Heavy Equipment:

Switchboard

Excel

Backhoe

FAX

Word

Bulldozer

Power Point

Knuckleboom

Household Trash Truck Compactor

Do you have a CDL license?  Yes  No If yes, Class A  or Class B  ?

State any additional information you feel may be helpful to us in considering your application.

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If your prior employment was in a DOT position, have you tested positive on a pre-employment drug/alcohol screening?  yes  no

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**References: (Please list 2 business, organization, or school references and 1 personal reference)**

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
Address
2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
Address
3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
Address

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 terminate employee at any time with or without cause. It is further understood that this *“at will”* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. 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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