

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: **CUSTODIAN**

Date of Application ___/___/___

How Did You Learn About Us?

Advertisement

Friend

Walk In

Website

Relative

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

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

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

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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.

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.

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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