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: RECREATION MAINTENANCE 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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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.

_____
_____
_____
_____

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): _____ **Starting** **Final** _____
Job Title: _____ _____ _____ _____
Supervisor:_____ _____
Reason For Leaving: _____ _____
_____

Dates Employed
From To Work Performed

Employer: _____ _____ _____ _____
Address: _____ Hourly Rate/Salary _____
Telephone Number(s): _____ **Starting** **Final** _____
Job Title: _____ _____ _____ _____
Supervisor:_____ _____
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Telephone Number(s): _____ **Starting** **Final** _____
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
____ Switchboard
____ FAX

____ Computer:
___Excel
___Word
___Power Point

Heavy Equipment:
____Backhoe
____Bulldozer
____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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