



## City of Pell City Application For Employment

1905 First Avenue North  
Pell City, AL 35125  
(205) 338-2244

We welcome you as an applicant for employment. The City of Pell City defines an applicant as someone who completes an application for a specific job opening within the allotted time, meets the minimum qualifications, and follows the City's application procedure. Applications that do not specify a specific job or applications that use the term "any" job or position will not be considered.

The City of Pell City is an Equal Opportunity Employer. It is the policy of the City to prohibit discrimination of any type and to afford equal employment opportunities to employees and applicants, without regard to race, color, religion, sex, national origin, age, disability, veteran status, genetic information, or other status protected by law. The City conforms to the spirit as well as the letter of all applicable laws and regulations. The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment. Please furnish us with complete information. Any false, misleading or omitted information, whenever discovered, can result in a rejection of employment or, if you are hired, a termination of your employment. You are encouraged to attach any additional information which you believe qualifies you for the position. New applications must be submitted as job openings occur. If you need assistance or any accommodation in completing this application, please let the human resources office know your request.

Specific Position Applying for: \_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: (Cell): \_\_\_\_\_ (Residence): \_\_\_\_\_

Note: A "YES" response may not prevent you from being offered a job for certain positions.

1. Have you been involuntarily terminated or forced to resign from a position?

☐ NO ☐ YES; If you answered "YES", **attach an explanation on a separate sheet of paper.**

2. Have you ever been convicted, pleaded guilty or no contest to a law other than a minor violation?

☐ NO ☐ YES; If YES, provide **date**, \_\_\_\_\_ and details of charge and outcome. \_\_\_\_\_

3. Have you ever been employed by the City of Pell City? ☐ NO ☐ YES; **what dates?** \_\_\_\_\_

4. Do you have relatives working for the City of Pell City?

☐ NO ☐ YES; **please list names:** \_\_\_\_\_

5. Are you legally eligible for employment in the United States?

☐ NO ☐ YES (**If offered employment, you will be required to provide documentation to prove eligibility and must comply with E-verify and all Alabama immigration laws.**)

**FOR HUMAN RESOURCES USE ONLY**

6. Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation?  
 NO ☐ YES ☐ If NO, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question) \_\_\_\_\_

7. Are you available to work: DAYS ☐ NIGHTS ☐ WEEKENDS ☐ FULL TIME ☐? If you cannot work full time, please explain.

8. If offered job, how soon could you start work? \_\_\_\_\_

Check Highest Grade Completed	Grade School 1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	High School 9 10 11 12 or GED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	College 13 14 15 16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Post College MA PhD <input type="checkbox"/> <input type="checkbox"/>
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TYPES OF SCHOOL	NAME/LOCATION	DIPLOMA, DEGREE OR CERTIFICATE	MAJOR
High School			
College or University			
College or University			
Graduate School			
Technical			
Technical			

List any professional licenses, registrations, or certificates that you possess (Omit any information that reveals race, color, religion, sex, national origin, age, disability, veteran status, genetic information, or any other protected status).

Commercial Driver's License No. (CDL #) and Endorsement if applicable. Indicate any periods that you may have had a CDL suspended or revoked.

Are you a veteran of the Armed Forces? ☐ NO ☐ YES, if "YES", what type of training or education did you receive while in the military that has prepared you for the position in which you are applying?

### REFERENCES

List three reliable individuals you have worked with and know you well enough to give information about you. Do not include relatives or present employer.

NAME	ADDRESS & PHONE NUMBER	OCCUPATION

## WORK HISTORY

THIS SECTION MUST BE COMPLETED FULLY. A RESUME IS NOT ALLOWED IN LIEU OF A COMPLETED, SIGNED APPLICATION FORM. Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Be sure to describe your military experience, if any. Describe in detail your specific duties beginning with your primary duties. (If necessary, attach additional sheets to enable you to list more past employers)

1. Current or Last Employer					Your Official Job Title	
Address				Phone #		Type of Business
From Month Year	To Month Year	If part-time, number of hours per week	Beginning Annual or Hourly Rate	Ending Annual Hourly Rate	May we contact employer	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
Supervisor's Name		Equipment you operated		Reason for leaving		
Describe your duties in detail:						
2. Employer					Your Official Job Title	
Address				Phone #		Type of Business
From Month Year	To Month Year	If part-time, number of hours per week	Beginning Annual or Hourly Rate	Ending Annual Hourly Rate	May we contact employer	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
Supervisor's Name		Equipment you operated		Reason for leaving		
Describe your duties in detail:						
3. Employer					Your Official Job Title	
Address				Phone #		Type of Business
From Month Year	To Month Year	If part-time, number of hours per week	Beginning Annual or Hourly Rate	Ending Annual Hourly Rate	May we contact employer	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
Supervisor's Name		Equipment you operated		Reason for leaving		
Describe your duties in detail:						

4. Employer				Your Official Job Title			
Address				Phone #		Type of Business	
From Month Year		To Month Year		If part-time, number of hours per week		Beginning Annual or Hourly Rate	
						Ending Annual Hourly Rate	
						May we contact employer <input type="checkbox"/> No <input type="checkbox"/> Yes	
Supervisor's Name				Equipment you operated		Reason for leaving	
Describe your duties in detail:							
5. Employer				Your Official Job Title			
Address				Phone #		Type of Business	
From Month Year		To Month Year		If part-time, number of hours per week		Beginning Annual or Hourly Rate	
						Ending Annual Hourly Rate	
						May we contact employer <input type="checkbox"/> No <input type="checkbox"/> Yes	
Supervisor's Name				Equipment you operated		Reason for leaving	
Describe your duties in detail:							

#### APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I authorize the City now, or at any time while I am employed, to conduct a verification of and/or prepare or receive a consumer report concerning, either directly or through the services of a consumer reporting agency, my education history, previous employment/work history, to contact references, check motor vehicle records, and to receive an criminal history record information pertaining to me which may be in the files of any federal, state, local law enforcement or prosecutorial agency, and to verify any other information deemed necessary to fulfill the job requirements. I understand and agree that the results of this verification process will be used to determine employment eligibility under the City employment policies. I authorize the City and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representatives of the City. I agree to cooperate in such investigations and release all parties from all liability or responsibility with respect to the information supplied.

**I have read and understand this release and consent, and I authorize the background verification.** I authorize persons, schools, current and former employers, and other organizations and Agencies to provide the City with all information that may be requested. I hereby release all the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I do hereby agree to forever release and discharge the City, and designated Agents and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from the retrieving and reporting information.

I understand that if hired, I will be considered an employee at-will, meaning my employment is for no specific duration of time, and my employment can be terminated by the City for no cause and without notice. If hired, I agree to abide with all policies, Standards of Conduct, and procedures of the City of Pell City. Nothing in this application form is designed to interfere in any way with my rights to engage in protected or concerted activities under Section 7 of the National Labor Relations Act.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_