

EMPLOYMENT APPLICATION

The City of Fort Payne
100 Alabama Ave N.W.
Fort Payne, Alabama 35967

256-845-1524 Offices

256-845-2987 FAX

All applications submitted must have attached a copy of a valid driver's license with photo.

The City of Fort Payne is an Equal Opportunity Employer. It is the City's policy to provide equal employment opportunities for all individuals without regard to race, sex, age, religion, color, national origin, disability, or veteran status.

Last name			First name			Middle name		
DATE OF APPLICATION:								
POSITION APPLYING FOR:								
TYPE OF WORK WANTED: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer								
RESIDENCE ADDRESS		STREET						
		CITY			STATE		ZIP CODE	
MAILING ADDRESS		STREET						
		CITY			STATE		ZIP CODE	
TELEPHONE NUMBERS : (1)			(2)			(3)		

EDUCATION		
SCHOOL	NAME AND LOCATION	COMMENTS
ELEMENTARY		
HIGH SCHOOL		Graduation date:
GED		Graduation date:
COLLEGE Degree: B.S. Public Safety Administration		Yrs. Completed:
		Graduation date:
GRADUATE STUDIES Degree:		Yrs. Completed:
		Graduation date:

REFERENCES

GIVE THE NAMES, ADDRESS, AND PHONE NUMBERS OF THREE (3) REFERENCES WHO ARE **NOT** RELATED TO YOU AND ARE **NOT** PREVIOUS EMPLOYERS

(1)

(2)

(3)

SPECIAL SKILLS

TYPING (WORDS PER MINUTE)	
COMPUTER (TYPES & SOFTWARE USED)	
SHOP & OUTDOOR EQUIPMENT USED	
ANY TRAINING OR SERVICE WITH FIRE, POLICE OR E-911 DISPATCH	
SPECIAL LICENSES & CERTIFICATIONS	
OTHER EQUIPMENT USED, SKILLS OR APPTITUDES	

Have you ever been convicted of a crime (felony or misdemeanor, including DUI) other than minor traffic citations?

_____ Yes _____ No

If yes, give details:

Do you have any relatives employed by the City of Fort Payne? _____ Yes _____ No

If yes, give names, department, and supervisor:

Please give all details of any military service :

EMPLOYMENT HISTORY
PLEASE LIST MOST RECENT FIRST

EMPLOYER:	
ADDRESS:	
TELEPHONE:	
DATES OF EMPLOYMENT:	
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	
EMPLOYER:	
ADDRESS:	
TELEPHONE:	
DATES OF EMPLOYMENT:	
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	
EMPLOYER:	
ADDRESS:	
TELEPHONE:	
DATES OF EMPLOYMENT:	
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	

APPLICANT'S AGREEMENT:

I hereby state that the information given by me on this form, and in my interview, is certified to be true and complete. I understand that this information is subject to verification, and if this information is later found to be untrue, incomplete, or misrepresented in any way, this will be cause for rejection of my application, or, if already employed, for immediate dismissal. I also understand that the City of Fort Payne may investigate my driving record and my criminal record, and that a background investigation, including a credit check, may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, and personal characteristics. I understand that I have the right to make a written request, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation. I understand that the City of Fort Payne reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to my employment and at any time during employment to the extent permitted by law. I understand that the City's acceptance of this application does not indicate that there are any positions open and does not in any way obligate the City of Fort Payne. Job applicants are required to submit to drug testing at or near the end of the hiring process. Any offer of employment will be conditional upon a negative drug test result and an acceptable records check verification, including criminal records check. I understand that anything brought to, or removed from, the premises of the City of Fort Payne is subject to search at the City's election and I consent to such search. Specifically, I authorize the City, in its discretion, to search my desk, locker, or other areas for contraband in such circumstances when the City deems such search necessary or appropriate.

APPLICANT'S RELEASE:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar's or Placement Office of all educational institutions attended to release an official copy of my transcript if requested. In addition, I authorize any law enforcement jurisdiction to release any information requested regarding my background to the City of Fort Payne.

Signature of applicant

Date

FOR CITY OF FORT PAYNE USE ONLY!!!

Interview date: _____

Time: _____

Comments: