



FORT PAYNE 911

200 GAULT AV S
FORT PAYNE, AL 35967
(256)845-1272 FAX (256)845-4445

EMPLOYMENT APPLICATION

DATE OF APPLICATION _____ PHONE # (____) _____

POSITION APPLIED FOR _____ PHONE # (____) _____

LAST NAME _____ FIRST NAME _____ MIDDLE _____

Nickname, maiden name, alias, etc. _____

ADDRESS (Street) _____

City _____ State _____ ZIP _____

Mailing address (If different from above)

City _____ State _____ ZIP _____

Place of birth _____ (City/State)

If not a US citizen, do you have legal rights to remain permanently in the U.S.A.?

Explain: _____

Are you available to work: _____ FULL TIME _____ PART TIME

Date available to work: _____

Are you currently on "lay off" status or subject to recall? _____ YES _____ NO

Can you travel when the job requires it? _____ YES _____ NO

Have you previously been employed with us? _____ YES _____ NO

If yes, give date _____

Are you currently employed? _____ YES _____ NO

May we contact your present employer? _____ YES _____ NO

Do you have friends or relatives that work here? _____ YES _____ NO

(If yes, give name, relationship, and department)

EMPLOYMENT HISTORY

PLEASE LIST THE MOST RECENT EMPLOYER FIRST

EMPLOYER: _____

PHONE # _____

ADDRESS: _____

JOB TITLE: _____

DATES OF EMPLOYMENT: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

PHONE # _____

ADDRESS: _____

JOB TITLE: _____

DATES OF EMPLOYMENT: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

PHONE # _____

ADDRESS: _____

JOB TITLE: _____

DATES OF EMPLOYMENT: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

EDUCATION

<u>SCHOOL</u>	<u>NAME AND LOCATION</u>	<u>YEAR COMPLETED</u>
ELEMENTARY	_____	_____
HIGH SCHOOL/GED	_____	_____
COLLEGE	_____	_____
GRADUATE STUDIES	_____	_____

SKILLS

DESCRIBE ANY EXPERIENCE, SKILLS, OR SPECIALIZED TRAINING

Computer _____

Word Processing _____

Keyboard/wpm _____

Excel _____

Two-way radio _____

Telephone _____

Computer Aided Dispatch _____

Machinery _____

Recorders _____

Other _____

Certificates _____

LIST PROFESSIONAL, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD

(You may exclude any that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.)

PERSONAL/PROFESSIONAL REFERENCES

Give the names, addresses and phone numbers of three (3) references who are NOT related to you and who are NOT previous employers.

1. _____

2. _____

3. _____

MILITARY SERVICE

HAVE YOU SERVED IN THE ARMED FORCES, NATIONAL GUARD, OR MILITARY RESERVES?

YES ___ NO ___

SELECTIVE SERVICE # _____

Branch _____

Date of service _____

Rank _____

Were you discharged? _____

ARE YOU CURRENTLY PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD?

YES ___ NO ___

BRANCH _____

Organization name _____

Rank _____

Dates of service _____ to _____

HAVE YOU EVER BEEN CONVICTED WITH ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION? YES ___ NO ___

If yes, give details (Branch of service, when, where, circumstances, including article 15, captain's mast, or court martial)

Describe any job related training received in the military.

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY OFFENSE, EXCLUDING TRAFFIC OFFENSES?

YES ___ NO ___

If yes, complete the following (List any DUI charges in this section)

Date _____ City/State _____

Original charge _____ Disposition _____

Final charge (if amended or reduced) _____

Date _____ City/State _____

Original charge _____ Disposition _____

Final charge (if amended or reduced) _____

Date _____ City/State _____

Original charge _____ Disposition _____

Final charge (if amended or reduced) _____

DRIVER HISTORY

DRIVER LICENSE # _____ STATE _____ EXPIRATION DATE _____

Name under which license was issued _____

HAVE YOU RECEIVED A TRAFFIC CITATION IN THE PAST FIVE (5) YEARS? YES ___ NO ___

If yes, list all traffic citations you have received in the past 5 years (except parking violations). (Include military bases)

Violation: _____ Date _____ Location _____

Disposition _____

Violation: _____ Date _____ Location _____

Disposition _____

Violation: _____ Date _____ Location _____

Disposition _____

IS THERE ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION?

NOTE TO THE APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying. See last 2 pages of questions.

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT A REASONABLE ACCOMMODATION, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED?

YES _____ NO _____

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 that 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 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 record's check verification, including a 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.

Signature _____ **Date** _____

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 _____ **Date** _____

For City of Fort Payne Use Only

Interview Date: _____ Time: _____

Comments: _____

Recalled: _____ Start Date: _____

NOTICE

As an agency that is associated with and uses the resources of the Alabama Law Enforcement Agency (ALEA), and due to the sensitivity and liability of information received, it is necessary for this department to do thorough background checks. This will include a criminal history and a driver history which is mandated by the State of Alabama. The following information is requested, but not mandatory for consideration of your application. The information is strictly for verification of identity when multiple responses are received from the background checks. In no way will this information be used as a basis for discerning eligibility for any position within this department. However, no applicant can be considered for hire until background checks have been completed.

If you do not wish to provide the information requested, leave blank and DO NOT sign below.

Thank you.

Information requested:

SSN: _____

Height: _____

Weight: _____

Hair color: _____

Eye color: _____

I understand that the above information is not mandatory and will not be considered in my qualification for the position for which I am applying. I am providing this information of my own free will, with no coercion from any person employed or affiliated with Fort Payne 911 or the City of Fort Payne.

Signature of Applicant