

Please complete the entire application and answer every question that applies to you.



EMPLOYMENT APPLICATION

Return To: CITY OF SELMA
PERSONNEL DEPARTMENT
P. O. Box 450
222 Broad Street
Selma, AL 36702-0450

Position Applied For:
1) _____
2) _____
Department::
1) _____
2) _____

Full Name _____
First Middle Last

Mailing Address _____
Number Street/Route County City State Zip Code

Former Residence: _____

Telephone Number: Home () _____ Cell () _____ Work () _____
Area Code Area Code Area Code

Date of Birth: (Provide only if applying for Firefighter or Police Officer) ____/____/____. Social Security No. _____

Are you age 18 or older? ____ Yes ____ No. If hired, can you provide evidence of legal eligibility to work in the U.S.? ____ Yes ____ No. An offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.

Have you ever been convicted of a felony and/or misdemeanor other than a minor traffic offense? ____ Yes ____ No. If yes, please explain fully (What, Where, When & Results (for example, paid fine, served time)).

Conviction will not necessarily disqualify an applicant from employment. All circumstances will be considered.

Military:
Have you served in the military? ____ Yes ____ No. What type of training/experience or education did you receive in the military?

Branch of Service: _____ Number of years served: _____ Rank When discharged: _____

ARE YOU SEEKING ____ FULL-TIME ____ PART-TIME ____ FULL-TIME OR PART-TIME ____ TEMPORARY

How did you learn of this position? (Check those that apply to you)

- ____ Newspaper Ad ____ State Employment Office ____ Walk-in ____ Friend/Relative ____ Job Posting
- ____ City's Bulletin Board ____ Radio Announcement ____ City Employee ____ Selma Career Center ____ City's Website
- ____ College Placement Center ____ High School Counselor

____ Other, please specify _____

Equal Opportunity Employer

The City of Selma provides a public personnel system based on merit principles. It strives for improvement of public service by employing and developing the best qualified people available. Every job applicant is rated solely on his or her ability without regard to religion, race, color, creed, gender, political beliefs or disability.

Are you now employed? ____ (YES) ____ (NO) May we contact this Employer? ____ (YES) ____ (NO)
Have you ever been employed by the City of Selma? ____ (YES) ____ (NO) If yes, give dates of employment and the Department where you worked: FROM: _____ TO: _____ DEPARTMENT: _____
Include details of such employment in the sections below. Use back of page if more space is needed.

Have you ever been involuntarily terminated, discharged, forced to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job? ____ (YES) ____ (NO) If yes, provide an explanation below:

WORK HISTORY. (Complete all blanks legibly)

Start with your current or last job and work back. Be specific about the duties you performed in each job. If you changed jobs and/or titles at the same employer, list separately. Include experience in military. *You may submit resume along with completed application.*

1. Current or Last Employer: _____ **Job Title:** _____

Address: _____

From: (Month) _____ (Year) _____ To: (Month) _____ (Year) _____ Number Hours per Week _____

Beginning Salary: \$ _____ Per _____ Ending Salary: \$ _____ Per _____ May we contact this employer? (Yes) (No)
Reason for Leaving: _____

Number of employees you supervised on a regular basis: _____ Equipment you operated: _____

Name, Title and Telephone Number of Supervisor: _____

Describe Your Duties in Detail: _____

2. Employer _____ **Job Title:** _____

Address: _____

From: (Month) _____ (Year) _____ To: (Month) _____ (Year) _____ Number Hours per Week _____

Beginning Salary: \$ _____ Per _____ Ending Salary: \$ _____ Per _____ May we contact this employer? ____ (Yes) ____ (No)

Reason for Leaving: _____

Number of employees you supervised on a continuous basis: _____ Equipment you operated: _____

Name, Title and Telephone Number of Supervisor: _____

Describe Your Duties in Detail: _____

3. Employer _____ Job Title: _____

Address: _____

From: (Month) _____ (Year) _____ To: (Month) _____ (Year) _____ Number Hours per Week _____

Beginning Salary: \$ _____ Per _____ Ending Salary: \$ _____ Per _____ May we contact this employer? ___ (Yes) ___ (No)

Reason for Leaving: _____

Number of employees you supervised on a regular basis: _____ Equipment you operated: _____

Name, Title and Telephone Number of Supervisor: _____

Describe Your Duties in Detail: _____

4. Employer _____ Job Title: _____

Address: _____

From: (Month) _____ (Year) _____ To: (Month) _____ (Year) _____ Number Hours per Week _____

Beginning Salary: \$ _____ Per _____ Ending Salary: \$ _____ Per _____ May we contact this employer? ___ (Yes) ___ (No)

Reason for Leaving: _____

Number of employees you supervised on a regular basis: _____ Equipment you operated: _____

Name, Title and Telephone Number of Supervisor: _____

Describe Your Duties in Detail: _____

EDUCATION

High School Diploma or GED? ___ Yes ___ No
Date/Place Rec'd GED: (Submit Certificate)

Circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12
Name/Location of Last School Attended:

PROVIDE INFORMATION ON SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. If on-line indicate by Asterisk*

Name and Location of College/University, Other:	Dates of attendance		Credit Hours		Did you		Type of Degree and Date	Major
	Month/Year	From To	Earned	Sem. Qtr.	Yes	No		
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Are you now working towards a college degree (Bachelor's Graduate, or Special)? ___ Yes ___ No.
If YES, name of Degree and Expected date of receipt _____ Date: ___/___/___

SPECIAL TRAINING (Correspondence, Business, Trades, Vocational, Armed Forces, etc.) - Submit copy)

PROFESSIONAL LICENSE And/ OR CERTIFICATE (i.e., CDL, etc)

License/Certificate Issued By _____ Field / Trade/Specialization _____ License/Certificate No. _____ Issue Date _____ Expiration Date _____

Give title or kind of licenses or permits in the space above.

Do you hold a current valid Alabama Driver's License? Yes No. License Number _____ Expiration Date ____/____/____.

Are you skilled in the operation or maintenance of any kind of equipment? If yes, name the type of machines or equipment and the years of experience: _____

ADDITIONAL PAID WORK EXPERIENCE

Please ask for a supplemental page if you need more available space.

FROM	TO	Hours per Week	Employer Name & Address	Last Salary Per _____	Job Title and Duties

LIST ANY VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT

DATES (Month & Year) From: _____ TO: _____	Where did you volunteer?	Description of activities or volunteer work

List any relatives presently employed by the City of Selma in any capacity:

Name: _____ Relationship _____ Department: _____

Name: _____ Relationship _____ Department: _____

Name: _____ Relationship _____ Department: _____

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby certify that I have never been a member of any organization or group which seeks to alter the form of government of the United States by unconstitutional means. I further certify that all answers to the above questions are true, correct and complete and I understand that any misstatement of material facts contained in this application, regardless of time of discovery, will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the City of Selma, Alabama. I understand that all information on this application is subject to verification and I consent to background checks and employment checks. I understand that this application shall be a confidential record of the personnel department subject to inspection of the appointing authority as provided by the rules and regulations and to my personal inspection.

Signature: _____ Date Signed: _____

For Personnel Use Only:

APPLICANT'S NAME _____

Computer Skills:

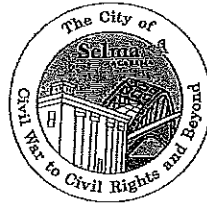
Level (Check X)

	Beginning	Intermediate	Advanced
• MSWRD			
• EXCEL (incl. formulas)			
• POWERPOINT			
• Other Software Packages (List below)			
—			
—			
—			
—			

ACCOUNTING SKILLS:

List formal Accounting Courses Taken:

Other experience (i.e., payroll, GL, etc.)



CITY OF SELMA, ALABAMA
P.O. BOX 450
222 Broad Street
Selma, AL 36702-0450

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

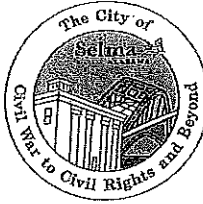
I, _____, do hereby authorize the City of Selma or any other authorized representative bearing this release to obtain any information or records from your files pertaining to my employment, military and educational records. I further state that I will not hold you, your firm, or its officers liable for release of this information

Signature of Applicant

Date

Social Security Number

Signature of Person Receiving Information



CITY OF SELMA DRUG ABUSE POLICY

Drug abuse while at work or otherwise, seriously endangers the safety of employees and the general public and creates a variety of work place problems including increased injuries on the job, increased absenteeism, increased health and benefit costs, increased work theft, decreased morale, decreased productivity, and a decline in the quality of services provided by the city. As a condition of employment, the city routinely screens job applications for drug use in order to avoid the problems associated with drug abuse.

Job applicants are required to submit to drug testing at or near the final stage of the hiring process. Any offer of employment will be conditional upon a negative drug test result.

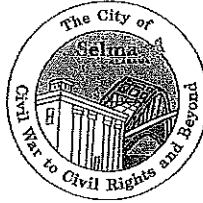
The policy is contained in Rule 8 of the City of Selma personnel rules and regulations which is available for your review.

I have read and understand the paragraphs above.

Date _____ Applicant's Signature _____

FOR EMPLOYEE SERVICES USE ONLY
TEST RESULTS: (If Applicable)

COMMENTS:



CITY OF SELMA PERSONNEL DEPARTMENT
 P.O. BOX 450
 222 Broad Street
 Selma, Alabama 36702-0450

To: _____ From: Human Resources
 _____ Director – (334) 874-5328

_____ has made application for a job with the City of Selma. Your cooperation in providing us with the information listed below would be greatly appreciated. For your convenience, we have enclosed a stamped, self-addressed envelope.

Please indicate your rating by checking the appropriate column:

	Excellent	Good	Average	Unsatisfactory
Attendance and Punctuality	_____	_____	_____	_____
Ability to Communicate	_____	_____	_____	_____
Cooperation with Others	_____	_____	_____	_____
Ability to accept Instructions	_____	_____	_____	_____
Ability to use Proper judgment	_____	_____	_____	_____
Effective Use of Time	_____	_____	_____	_____

Employment Dates: FROM: _____ TO _____

Position Held _____

Reason for Leaving _____

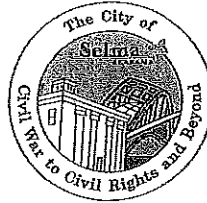
Is this individual eligible for rehire? Yes _____ No _____

Additional Remarks: _____

Reference Signature _____ Date _____/_____/_____

I authorize the above person or Organization to provide The City of Selma with any relevant information that may be required to arrive at an employment decision. I release you as the custodian of such records from any and all liability as a result of compliance with this request.

Applicant's Name _____ Social Security Number _____ Date _____



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Cooperation with Others	_____	_____	_____	_____
Ability to accept Instructions	_____	_____	_____	_____
Ability to use Proper judgment	_____	_____	_____	_____
Effective Use of Time	_____	_____	_____	_____

Employment Dates: FROM: _____ TO _____

Position Held _____

Reason for Leaving _____

Is this individual eligible for rehire? Yes _____ No _____

Additional Remarks: _____

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Social Security Number _____

Date _____



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