

We are an Equal Opportunity Employer
dedicated to a policy of non-discrimination in employment.



CITY OF BOAZ, ALABAMA

- APPLICATION FOR EMPLOYMENT -

To Applicant: We deeply appreciate your interest in our city and assure you we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position which best meets your qualifications and may assist us in possible future upgrading.

NOTICE: The City will not place persons involved in substance and/or excessive alcohol consumption where the placement presents a problem with your ability to perform the job applied for or otherwise presents a job related safety hazard.
TO AVOID ANY POTENTIALLY EMBARRASSING SITUATIONS, IF YOU HAVE A DRUG OR ALCOHOL ABUSE PROBLEM, IT IS SUGGESTED YOU IDENTIFY THE ABUSE PROBLEM IMMEDIATELY. A PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN ARE REQUIRED AFTER A JOB OFFER IS MADE.

Instructions: Please read this entire application before you answer any questions. Print all information in ink. Answer all questions accurately and completely. Print "N/A" in any space that does not apply to you. All applicants receive consideration for the position for which they apply and the application remains active for a period of 60 days. Those applicants not employed within the 60 day period will be required to reapply in order to be considered for subsequent job openings. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Please Print

Date of Application: _____

Name: _____
Last First Middle

Social Security Number: _____

Have you ever used another name, alias, or nickname which might help us verify the contents of this application?

Present address: _____
Street Number and Name City State/Zip Code

How long have you lived there? _____ Telephone: () _____

Permanent mailing address: _____
Street Number and Name City State/Zip Code

Last previous address: _____
Street Number and Name City State/Zip Code

How long did you live there? _____

Are you less than 18 years of age? _____ Yes _____ No If yes, state age: _____

NOTE: If under 18 years of age, employment is subject to verification of minimum legal age by age certificate or work permit.

(continued on next page)

EDUCATIONAL DATA

Grade School

High School

Technical School

College

Graduate/Professional

School Name _____

City/State _____

Years Completed 4 5 6 7 8 9 10 11 12 1 2 1 2 3 4 1 2 3 4

Type of Degree _____ Grade Point Average _____

Specialized Training Courses: _____

Are you presently attending school? _____ Yes _____ No If yes, where and courses: _____

Do you _____ speak _____ read or _____ write any foreign languages which are related to the job for which you are applying?

PERSONAL REFERENCES

List below the names, addresses, occupations and telephone numbers of three people other than relatives or former employers who have known you for at least three years.

Answer questions 1, 2 and 3 if you are applying for a job that requires driving a vehicle.

1. Do you have a current valid Driver's License? _____ Yes _____ No If yes, give the number and state where issued:

2. Have you been involved in any motor vehicle accidents within the past 5 years? _____ Yes _____ No

3. Have you been in a chargeable accident? _____ Yes _____ No If yes, how was the case(s) settled in Court?

Have you been convicted of a felony within the last 5 years? _____ Yes _____ No If yes, please explain (state, date, court, type of crime, place of occurrence, disposition): _____

NOTE: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merits with respect to time and job relatedness.

In case of emergency, who should be notified: _____

Address _____ Telephone Number _____

(continued on next page)

EMPLOYMENT EXPERIENCE

Please do not refer to resume. Complete all information requested. You may attach resume. List each job held. Start with your present or last job held. Include military service assignments and volunteer activities. If you need more space, use an additional sheet of paper. Please fill in as much information as you can, even if you have a resume.

Company Name	From	To	Work performed (brief description of your responsibilities)	
Street Address			City/State	Zip
Phone Number	Hourly Rate/ Salary		Starting/Final	
Job Title	Supervisor	Last Position Held (Please note promotions)		
Reason for Leaving _____				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	From	To	Work performed (brief description of your responsibilities)	
Street Address			City/State	Zip
Phone Number	Hourly Rate/ Salary		Starting/Final	
Job Title	Supervisor	Last Position Held (Please note promotions)		
Reason for Leaving _____				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Company Name	From	To	Work performed (brief description of your responsibilities)	
Street Address			City/State	Zip
Phone Number	Hourly Rate/ Salary		Starting/Final	
Job Title	Supervisor	Last Position Held (Please note promotions)		
Reason for Leaving _____				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

(continued on next page)

