

# Application for Employment

City of Talladega  
 P.O. Drawer 498  
 Talladega, Alabama 35161

We consider applicant for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

*(PLEASE PRINT)*

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Street Address Code	City	State	Zip
Telephone Number(s)		Social Security Number	
Email Address			

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
 (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
 (Conviction will not necessarily disqualify an application from employment.)

If yes, please explain

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## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business, or civic activities and offices held.</p> <p>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</p>

**Education**

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

<b>Describe any specialized training, apprenticeship, skills and extra-curricular activities.</b>

<b>Describe any job-related training received in the United States military.</b>

## Additional Information

<b>Other Qualifications</b> Summarize special job-related skills and qualifications acquired from employment or other experience.

**Specialized Skills    Check Skills/Equipment Operated**

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	<b>Production Mobile</b>	<b>Other (list):</b>
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	<b>Machinery (list):</b>	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	_____	_____
		_____	_____

<b>State any additional information you feel may be helpful to us in considering your application.</b>

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

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? A description of the activities involved in such a job or occupation is attached.

\_\_\_\_\_ YES                  \_\_\_\_\_ NO

**References**

<b>1. Name:</b> _____	<b>Phone: (    )</b> _____
<b>Address:</b> _____	
<b>2. Name:</b> _____	<b>Phone: (    )</b> _____
<b>Address:</b> _____	
<b>3. Name:</b> _____	<b>Phone: (    )</b> _____
<b>Address:</b> _____	

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize review of the full disclosure of all records concerning me to any duly authorized agent of the City of Talladega, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institution; financial or credit institutions; including records of loans, the records of commercial or retail credit agencies (including reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S Veteran’s Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case either criminal or civil in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Talladega. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE (Include Maiden Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver’s License Number

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Talladega is subject to the rules and regulations of the City and that I shall be required to abide by such rules and regulations. I further understand and acknowledge that neither this document nor any offer of employment from the City of Talladega constitute an employment contract.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date