



City of Southside
2255 Highway 77
Southside, AL 35907

Application for Employment

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Date of Application ___/___/___
Last First Middle

Address _____
Street City State ZIP Code

Telephone # _____ Cell # _____ E-mail _____

Positions(s) applied for _____ Date Available to Work ___/___/___

Best time to call you at home is _____ a.m./ p.m. May we contact you at work? _____ a.m./ p.m.

Can you furnish a work permit if under 18? YES _____ NO _____

If no, please explain _____

Are you legally eligible for employment in this country? _____

Have you ever been employed here before? _____ If yes, dates FROM ___/___/___ TO ___/___/___

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Are you able to meet the attendance requirements of the position? _____

Will you work overtime if required? YES _____ NO _____

If no, please explain why: _____

Are you able to perform the 'essential functions' of the job for which you are applying (with or without reasonable accommodations)? This question is not designed to elicit information about an individual's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Have you ever pleaded 'guilty' or 'no contest' to or been convicted of a crime? YES _____ NO _____

If yes, please provide date (s) and details: _____

School (Including City & State) & Years Completed

GPA Major/Minor

Diploma ___ Degree ___

Certification _____

Other _____

Employment History

Starting with your most recent employer, provide the following information.

1. Employer

Telephone#

Street Address

City

State

Starting Job Title/ Final Job Title

Immediate Supervisor/ Job Title

Why did you leave?

May we contact for a reference?

Summarize the type of work performed and job responsibilities.

Date employed:

Month/Year

TO

Month/Year

Compensation (Starting)

Hourly _____

Salary _____

\$ _____

per _____

Compensation (Final)

Hourly _____

Salary _____

\$ _____

per _____

2. Employer

Telephone#

Street Address

City

State

Starting Job Title/ Final Job Title

Immediate Supervisor/ Job Title

Why did you leave?

May we contact for a reference?

Summarize the type of work performed and job responsibilities.

Date employed:

Month/Year

TO

Month/Year

Hourly _____ Salary _____ \$ _____ per _____
 Compensation (Final)
 Hourly _____ Salary _____ \$ _____ per _____

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

1.Name _____ **Title** _____ **Relationship to You** _____

Telephone _____ **Email** _____ **Number of Year** _____
Known _____

2.Name _____ **Title** _____ **Relationship to You** _____

Telephone _____ **Email** _____ **Number of Year** _____
Known _____

3.Name _____ **Title** _____ **Relationship to You** _____

Telephone _____ **Email** _____ **Number of Year** _____
Known _____

Social Security Number _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

*Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization _____

Office Held _____

intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date
