

APPLICATION FOR EMPLOYMENT

City of Henagar
Henagar, Alabama 35978

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. The City of Henagar is an Equal Opportunity Employer.

Please Print

Date of Application: _____

Position(s) applied for: _____

Name: _____
Last First Middle

Address: _____
P.O. Box or Street Number & Name City State Zip Code

Telephone: () Social Security Number: _____

Are you employed now? [] Yes [] No May we contact your present employer? [] Yes [] No

On what date would you be available to work? _____

Proof of age and citizenship or immigration status will be required upon employment.

PERSONAL REFERENCES	ADDRESS	PHONE

EMPLOYMENT EXPERIENCE

Begin with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disability, or other protected status. If you need additional space, please continue on a separate sheet of paper.

1.

Employer	Telephone	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate or Salary		
Supervisor		Starting	Final	
Reason for Leaving				

2.

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

3.

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

Summarize any special skills or qualifications acquired from employment or other experience.

EDUCATION

	Elementary	High	College/University	Graduate Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship Skills, and Extra-Curricular Activities:				

Please note any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

- I certify that the 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.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.
- The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to the effect is executed by the employer and employee in writing.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview [] Yes [] No

Remarks

Employed [] Yes [] No

Date of Employment

Job Title

Hourly Rate/Salary

Department

By

Name and Title

Date

APPLICANT DATA RECORD

The City of Henagar is an *Equal Opportunity Employer* and all qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

As an *Affirmative Action Employer*, we comply with government regulations, including affirmative action responsibilities where they apply.

To help us comply with government record keeping, reporting, and other legal requirements, we request that you please fill out the *Applicant Data Record*.

This data is for periodic government reporting only and will be kept in a confidential file separate from the *Application for Employment*.
YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

Date: _____

Position(s) Applied For: _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In ☐ State Employment Service
☐ Other _____

Name

Last

First

Middle

Phone ()

Area Code

Address

P.O. Box or Street Number & Name

City

State

Zip Code

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran, and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

Sex: ☐ Male ☐ Female

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native

Check if Applicable: ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Disabled Individual