

# APPLICATION FOR EMPLOYMENT

City of Troy  
Human Resources Department  
P.O. Box 549  
Troy, AL 36081-0549

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, 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"/> Relative	<input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

Best time to contact you at home is:..... : \_\_\_\_ AM PM

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 \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?.....  Yes  No

Are you currently employed?.....  Yes  No

May we contact your present employer?.....  Yes  No

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

Date available to work: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range?\_\_\_\_\_

Are you available to work:  Full-Time (please indicate  1  2  3 shift)  
 Part-Time (please indicate  Mornings  Afternoon  Evenings)  
 Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_)

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 five years?.....  Yes  No  
*A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.*

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



# 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.

1.	Employer		Dates Employed		<b>Work Performed</b>
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		<b>Work Performed</b>
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		<b>Work Performed</b>
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		<b>Work Performed</b>
			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.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal

Spreadsheet

Production/Mobile  
Machinery (list)

Other (list)

PC/MAC

Word Processing

\_\_\_\_\_

\_\_\_\_\_

Typewriter

Shorthand

\_\_\_\_\_

\_\_\_\_\_

WPM\_\_\_\_\_

WPM\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*State any additional information you feel may be helpful to us in considering your application.*

**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 accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  YES  NO

## REFERENCES

1. \_\_\_\_\_ ( ) Phone #  
(Name)

(Address)

2. \_\_\_\_\_ ( ) Phone #  
(Name)

(Address)

3. \_\_\_\_\_ ( ) Phone #  
(Name)

(Address)

# APPLICANT'S STATEMENT

I certify that answer's given herein are true and complete.

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 period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defines by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 to all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:     Yes     No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview:     Yes     No

Remarks: \_\_\_\_\_

\_\_\_\_\_

INTERVIEWER

DATE

Employed:     Yes     No    Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Dept \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE