

TYPE OF EMPLOYMENT:

(Check all that apply to this position)

- Regular
- Temporary
- Part-Time
- Summer



Date _____

Position Applying For _____

Department _____

**APPLICATION FOR EMPLOYMENT
City of Florence**

Florence, Alabama

(ANSWER ALL QUESTIONS AND PLEASE PRINT CLEARLY)

Name _____ Social Security Number _____

Address _____
City State Zip Code

Phone Number _____

I am under 18 years old I am over 18 years old

Have you ever been convicted of any felony? Yes No

If yes, explain _____
(Such record may be relevant if job-related, but does not bar you from employment.)

If a driver's license (commercial or regular) is required for this position, please provide the following:

License # _____ Class _____ State _____

IF ANY SPECIAL CERTIFICATION IS REQUIRED FOR THIS POSITION, PLEASE PROVIDE A COPY OF THE CERTIFICATE.

EDUCATION AND TRAINING

Type of School	Name of School / City & State	Did You Graduate?	Course or Degree
High School			
High School			
College			
College			
Vocational			

SPECIAL SKILLS

List three references (not relatives or supervisors) with address and phone number.

1. _____
2. _____
3. _____

Are you a Citizen of the U.S. or a registered alien authorized to work in the U.S.? Yes No

Are you presently employed? _____ If so, where? _____



The City of Florence encourages all candidates to make known any accommodations needed during the process of making application for a position with the City, whether it be making available materials in larger print, furnishing someone to help fill out an application or read a job description, or other accommodations. In order for us to make arrangements for some accommodations, such as a qualified sign interpreter, we request a 48-hour notice in order to best serve these needs.



EMPLOYMENT RECORD

Current or Last Employer _____ Phone # _____

Address _____ City _____ State _____

Job Title _____ Duties & Responsibilities _____

Name & Title of Supervisor _____ Kind of Business _____

Dates of Employment From _____ to _____ Reason for Leaving _____

Previous Employer _____ Phone # _____

Address _____ City _____ State _____

Job Title _____ Duties & Responsibilities _____

Name & Title of Supervisor _____ Kind of Business _____

Dates of Employment From _____ to _____ Reason for Leaving _____

Previous Employer _____ Phone # _____

Address _____ City _____ State _____

Job Title _____ Duties & Responsibilities _____

Name & Title of Supervisor _____ Kind of Business _____

Dates of Employment From _____ to _____ Reason for Leaving _____

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Name & Title of Supervisor _____ Kind of Business _____

Dates of Employment From _____ to _____ Reason for Leaving _____

Previous Employer _____ Phone # _____

Address _____ City _____ State _____

Job Title _____ Duties & Responsibilities _____

Name & Title of Supervisor _____ Kind of Business _____

Dates of Employment From _____ to _____ Reason for Leaving _____

I solemnly declare and affirm that all answers and statements in this application are wholly true, full and correct in every particular and detail and I further authorize the City of Florence to investigate and verify all statements listed above. I agree to abide by and comply with all laws of the State of Alabama and the City of Florence, as well as the Rules and Regulations, Working Conditions and Policies established by the City department in which I am employed. I understand that I will be required to take a post-offer physical examination and drug screening.

I understand that misrepresentation as to preexisting physical or mental conditions may void my workers' compensation benefits. I also understand that if I suffer an on-the-job injury, I may be required to submit to a drug or alcohol test. Failure to submit to a test, or a positive result, may be reason for denial of workers' compensation.

I verify that I have read the job duties and qualifications of the position for which I am applying and that I meet all the qualifications required by the position, including holding any certification or license necessary for the performance of the essential job functions, and that I am able to perform all the essential functions of the position with or without accommodations.

Personnel Department

Applicant's Signature

AFFIRMATIVE ACTION INFORMATION

As required, we comply with governmental regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not part of your official application for employment. It will be used for statistical purposes only and will be kept separate from your application. It is considered confidential information that will NOT be used in any hiring decision.

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.

Male Female
Hispanic Black White American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable
Vietnam Era Veteran Disabled Veteran Individual with Disability

Referral Source:
Advertisement Employee Relative Walk-in School State Employment Agency Private Employment Agency Other

Name Of Source (if applicable) _____

THE CITY OF FLORENCE IS AN EQUAL OPPORTUNITY EMPLOYER