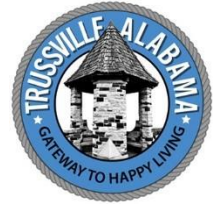


CITY OF TRUSSVILLE

APPLICATION FOR EMPLOYMENT



Website: www.trussville.org

HUMAN RESOURCES DEPARTMENT

131 MAIN STREET, TRUSSVILLE, AL 35173

TELEPHONE: 205.655.7478

The City of Trussville is an Equal Opportunity Employer. Qualified applicants will receive consideration for employment without regard to age, race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. All applications are evaluated based on individual merit. Information must be complete so all applications may be given equitable consideration. Pursuant to State and/or Federal Law(s), certain positions, such as Public Safety, may necessitate additional requirements.

Incomplete information could disqualify you from further consideration. Please complete all fields.

Job Title:

Date of Application:

Available Start Date:

Desired Pay Range:

Are you available to work any shift? Yes No

Are you available to work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job you are applying for with or without a reasonable accommodation? Yes No

Are you currently employed? Yes No If yes, may we inquire of your present employer? Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

PERSONAL INFORMATION

Name:

(First)

(Middle)

(Last)

(Suffix)

Address:

(Street)

(Apt)

(City)

(State)

(Zip)

Contact Information:

(Home Telephone)

(Cell)

(Alternate)

Email Address:

Do you have any relative(s) working with the City of Trussville? Yes No

If yes, list their Name(s)/Relationship(s) below:

Name/Relationship:

Name/Relationship:

Do you possess a valid Driver's License? Yes No State: _____ License #: _____

Are you at least 18 years of age? Yes No

Are you authorized to work in the US? Yes No

Have you ever worked for the City of Trussville? Yes No (If yes, complete details of that employment below.)

Date(s) of Employment: _____ Position(s) Held: _____

Date(s) of Employment: _____ Position(s) Held: _____

REFERRAL SOURCE

How did you hear about us? Walk-in Advertisement Referral Other _____

EDUCATIONAL BACKGROUND

Additional requirements may be identified as qualifications for the position for which you are applying.

School	Name and Location of School (City and State)	Major/Course of Study	Diploma/Degree or Certificate Earned	Did you graduate?	Graduation Date
High School					
College/University					
Vocational/Trade School					

PROFESSIONAL LICENSES, CERTIFICATIONS OR MEMBERSHIPS:

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position.

Type of License, Licensure, Certificate or Membership Held	Obtained from which City, State, or Governmental Entity	Expiration Date

EMPLOYMENT HISTORY

Please start with the most recent employer. You may attach additional sheet(s) if necessary to capture your work history. A resume may be attached to this application for additional information purposes.

1. Company Name:	Dates Employed - From:	Until:
City & State:	Immediate supervisor & title:	
Telephone:	Salary - Starting:	Ending:
Job Title:	Reason for leaving:	
Duties:		
May we contact this employer?:		

2. Company Name:	Dates Employed - From:	Until:
City & State:	Immediate supervisor & title:	
Telephone:	Salary - Starting:	Ending:
Job Title:	Reason for leaving:	
Duties:		
May we contact this employer?:		

3. Company Name:	Dates Employed - From:	Until:
City & State:	Immediate supervisor & title:	
Telephone:	Salary - Starting:	Ending:
Job Title:	Reason for leaving:	
Duties:		
May we contact this employer?:		

Please describe your computer skills: _____

Do you have any special skills, experience and/or training not listed elsewhere in this application that would enhance your ability to perform this position? If yes, please explain:

BACKGROUND INFORMATION:

Permission is granted to the City of Trussville to conduct an appropriate criminal background check and investigation to solicit information as to my educational and employment history, character and general reputation. Any applicant who refuses to furnish such authorizations and releases as prescribed by the City and which are necessary to allow a full examination of his or her criminal history shall not be considered for employment. A criminal record will not necessarily exclude you from employment, but will be considered and consistent with any applicable state or federal law. Factors, such as age at the time of the offense, rehabilitation efforts, recency and seriousness of the crime, may be taken into account, including the relationship between the offense and the job for which I have applied. I further understand that this information/data may be captured through a separate supplemental application, process and/or procedure.

REFERENCES

Please provide three references. The City of Trussville prefers references who are not related to you and whom you have known for at least three (3) years.

(Full Name) (Occupation) (Telephone) (City/State)

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(Full Name) (Occupation) (Telephone) (City/State)

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that the completion of this application nor any other part of my consideration for employment establishes any obligation for The City of Trussville to hire me. If I am hired, I understand that either The City of Trussville or I can terminate my employment at any time and for any reason, with or without cause and without prior notice during my probationary period. I understand that no representative of The City of Trussville has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the City of Trussville true and complete information on this application. No requested information has been concealed. I authorize the City of Trussville to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature of Applicant (typed name equivalent to signature) Date

THIS APPLICATION IS VALID FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.