

# City of Guntersville EMPLOYMENT APPLICATION



The City of Guntersville is an equal opportunity employer. All information provided will be considered without regard to race, color, religion, creed, gender, age, marital status, political affiliation, national origin, or disabilities which do not affect the individuals ability to perform the essential functions of the position held or applied for with or without reasonable accommodation.

Application Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

*ONE APPLICATION PER POSITION*

This Application must be completed in full, signed and dated. Applications are only accepted for currently OPEN positions. A separate application must be completed for each open position you wish to be considered for. Applications not meeting these requirements, or for the position of "Any," will *not* be considered. Applications remain active until the position is filled.

**1. PERSONAL DATA (Please Print Plainly)**

Name: \_\_\_\_\_  
Last First Middle

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street No. and Name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Time at Current Address: \_\_\_\_\_

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home or Primary Cell or Secondary

**2. EDUCATIONAL BACKGROUND**

Type of school	Name and Address	How Many Years Attended?	Did You Graduate?	Major Coursework or Degree Received
High School	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	_____		If "No", do you have you have your GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
College	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	_____			
Post Graduate	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	_____			
Business or Trade	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	_____			
Other	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	_____			

**3. SKILLS & CERTIFICATIONS**— List any and all skills, abilities, certifications, etc., required for this position, or that you feel are applicable to the position for which you have applied.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. EMPLOYMENT HISTORY**— List in order, most recent or current employer first. You must include your employment history for at least the ten years preceding the date of this application. Use additional sheets, if needed.

**A. Current or most recent employer**

Dates		Name and Address of Previous Employer	Supervisor's Name & Title	Reason for Leaving
From	To	Name		
		Address		
		City, St, Zip		

Describe the work you did:

May we contact this employer? Yes  No  If no, please state why: \_\_\_\_\_

**B. Next most recent employer (or explain gap in employment)**

Dates		Name and Address of Previous Employer	Supervisor's Name & Title	Reason for Leaving
From	To	Name		
		Address		
		City, St, Zip		

Describe the work you did:

May we contact this employer? Yes  No  If no, please state why: \_\_\_\_\_

**C. Next most recent employer (or explain gap in employment)**

Dates		Name and Address of Previous Employer	Supervisor's Name & Title	Reason for Leaving
From	To	Name		
		Address		
		City, St, Zip		

Describe the work you did:

May we contact this employer? Yes  No  If no, please state why: \_\_\_\_\_

**D. Next most recent employer (or explain gap in employment)**

Dates		Name and Address of Previous Employer	Supervisor's Name & Title	Reason for Leaving
From	To	Name		
		Address		
		City, St, Zip		

Describe the work you did:

May we contact this employer? Yes  No  If no, please state why: \_\_\_\_\_

**5. DRIVER'S LICENSE INFORMATION**— Mandatory if the position for which you are applying requires driving a City vehicle.

Do you have a valid Alabama Commercial Driver's License? Yes  No

License Number	Issuing State	Expiration Date	Endorsements	Restrictions	Has your license ever been revoked Or suspended? If "Yes", explain

**6. MILITARY SERVICE RECORD**

Did you serve in the Armed Forces? Yes  No

Branch of Service	Dates of Service		Active Duty, Reserve or Guard	Rank at Discharge	Type of Discharge	Reason for Discharge
	To	From				

What were your duties in the Service (include special training particularly applicable to the position for which you are applying)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. REFERENCES-** You must list three (3) references. Do not name relatives or past supervisors

Name	Phone Number	Occupation
1.	Work: _____ Other: _____	
2.	Work: _____ Other: _____	
3.	Work: _____ Other: _____	

**8. GENERAL INFORMATION-** All questions must be answered

Are you legally authorized to work in the United States? Yes  No  Are you over the age of 18? Yes  No

Do you want to work: Full Time  Part-Time  If part-time, specify days and hours: \_\_\_\_\_

Have you worked for us before? Full Time  Part-Time  If yes, when? \_\_\_\_\_

If hired, when you be available to start work? \_\_\_\_\_ Starting rate of pay desired: \$ \_\_\_\_\_  
Date

List any friends or relatives working for us: \_\_\_\_\_

Have you ever been convicted (including a guilty plea or a no-contest plea) of a crime? Yes  No

If "yes" give the date, place and describe the offense: (A "yes" answer will not disqualify you from consideration for employment with the City) \_\_\_\_\_

Are you required to notify law enforcement authorities of your intent to change your place of employment because of your status as an adult criminal sex offender? Yes  No

<b>How did you hear about this opening?</b>	Walk In— Public Bulletin Board <input type="checkbox"/>	Name: _____
	Current Employee <input type="checkbox"/>	
	Newspaper Advertisement <input type="checkbox"/>	List: _____
	City Website <input type="checkbox"/>	
	Other <input type="checkbox"/>	

\*\*\*\*\*  
**APPLICANT'S CONSENT AND AGREEMENT**

**PLEASE READ CAREFULLY**  
\*\*\*\*\*

I certify that the information given herein to be true and complete. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in my discharge. I understand that this application is not and is not intended to be a contract of employment.

Unless I checked "No" to indicate that I do not want the City to contact a former employer to obtain an employment reference and gave the reason for that choice, I authorize each person, school and former employer identified in this Application to provide the City of Guntersville with any information that the City may request. I authorize the City to conduct a complete background investigation to verify the accuracy of information in this Application, and I authorize the City to obtain complete information concerning any conviction or guilty plea for any crime. I consent to the release of all such information to the City, and I release each person, school, employer, or agency from any liability or damage related in any way to the furnishing of such information.

I also authorize the City to conduct a motor vehicle records check of my driving record and I consent to the disclosure of my driving record to the City, including driver's license number, and record of vehicle accidents, traffic violations and driver status.

I understand that once I submit this Application, the Application becomes the property of the City of Guntersville and that my application may be considered a public record subject to disclosure to the public.

I understand that if I am hired by the City, the terms and conditions of my employment are governed by the City's *Personnel Rules, Policies and Procedures*. I acknowledge that no representations or promises of any kind have been made to me to induce me to accept employment with the City.

I understand that the City of Guntersville is a Drug-Free Workplace, and that persons hired in certain job classifications are required to undergo a physical examination and a drug/alcohol test before beginning work for the City and at ant time specified by the *Policy Handbook*.. I understand that any offer of employment for these jobs is conditioned upon satisfactory completion of the physical examination and drug/alcohol test.

I understand that federal law requires me to provide proof of identification and employment eligibility.

By my signature, I certify that I have read, understand and agree with the Applicant's Consent and Agreement.

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

Date: \_\_\_\_\_

**\*\* FOR POLICE DEPARTMENT APPLICANTS ONLY \*\***

Guntersville Police Department  
Jim Peterson, Chief of Police  
340 Blount Avenue  
Guntersville, AL 335976  
256-571-7571



**PERSONAL INQUIRY WAIVER  
AUTHORITY FOR RELEASE OF INFORMATION**

**WHOM IT MAY CONCERN**

I respectfully request and authorize you to furnish to the Guntersville Police Department any and all information, including that of a confidential or privileged nature, you may have concerning me. This includes Police records, work records, school records, financial and credit status records, and other information requested. This information will assist in determining my qualification and fitness for the position or authority I am seeking that requires approval by the Guntersville Police Department.

Intending to be legally bound, I release you, your organization and other contacted from any liability or damage which may result from furnishing the information requested. Photo static copies of this authorization carry the same authority as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_  
who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her will and accord.

Subscribed to me in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public