

CITY OF ATHENS EMPLOYMENT APPLICATION

THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES

NAME OF APPLICANT: _____
 POSITION: _____ CLOSING DATE _____
 POSITION: _____ CLOSING DATE _____
 POSITION: _____ CLOSING DATE _____
 Date Application Picked Up from HR _____ Date Application Returned to HR _____

APPLICANT INFORMATION

Use black ink only. Print all information legibly and complete all blanks in full including all phone numbers, even if you attach a resume. Follow directions carefully. You must complete the application yourself; however, if you need assistance with completion, ask Human Resources. Incomplete or improperly completed applications will be rejected. Applications received after the closing deadline will be rejected.

Last Name _____ First Name: _____ Middle Name: _____
 Address _____
 City/State _____ Zip Code _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Position (s) Applied For: _____

Type of Employment Desired: Full Time _____ Part-Time _____ Temporary _____

Can you perform the essential functions of the position for which you are applying? _____ If no, please explain. (If you have any questions as to what functions are required of this position, please ask HR before you answer this question.) _____

Are you legally eligible to work in the United States? _____ (Proof of identity/eligibility required upon hire.)

Are you age 18 or older: _____ If no, you will be required to provide a work permit from the school system.

Do you have a valid driver's license? _____ CDL? _____ State License # _____

Are you on lay-off? _____ Are you subject to being recalled? _____

Are you available to work on holidays? _____ overtime? _____ To be on call? _____

If offered employment, on what date could you begin work? _____

Have you ever worked for the City of Athens or Athens Utilities before? _____ If so, give position and dates of employment: _____

State briefly why you wish to work for the City of Athens _____

Have you been convicted of a misdemeanor or felony in the last ten years? _____ If yes, explain in full. Use separate sheet of paper. (A conviction will not necessarily result in denial of employment.)

Days of the Week and Hours Available for Work

Sunday	From _____	To _____	Thursday	From _____	To _____
Monday	From _____	To _____	Friday	From _____	To _____
Tuesday	From _____	To _____	Saturday	From _____	To _____
Wednesday	From _____	To _____			

EDUCATION

Last High School Attended: _____
Address of School: _____

Did you graduate from High School? _____ If not, do you have a GED? _____

College Attended: _____
Address: _____
Dates of Attendance: From _____/_____/_____ to _____/_____/_____ Grade Point Average: _____
Course of Study: _____
Did you receive a degree? _____ Type of Degree Received _____

College Attended: _____
Address: _____
Dates of Attendance: From _____/_____/_____ to _____/_____/_____ Grade Point Average: _____
Course of Study: _____
Did you receive a degree? _____ Type of Degree Received _____

College Attended: _____
Address: _____
Dates of Attendance: From _____/_____/_____ to _____/_____/_____ Grade Point Average: _____
Course of Study: _____
Did you receive a degree? _____ Type of Degree Received _____

College Attended: _____
Address: _____
Dates of Attendance: From _____/_____/_____ to _____/_____/_____ Grade Point Average: _____
Course of Study: _____
Did you receive a degree? _____ Type of Degree Received _____

ADDITIONAL QUALIFICATIONS

Computer Skills and Proficiencies: _____

List your training and skills directly related to the requirements of this position.

Professional Certifications, licenses, memberships _____

Other relevant experience and training _____

REFERENCES – Give three individuals familiar with your work. (Not relatives or former supervisors.)

Name	Job Title	Years Known	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

List **all prior** employment starting with your current employer and going backwards. Complete all sections in full. Do not leave blanks. List military experience. Explain all gaps in employment or additional prior employment on a separate sheet of paper. You may attach a resume, but do not reference your resume rather than completing all questions.

Employer _____ Employer's Phone # _____
Employer's Address: Street: _____ City: _____ State _____
Employment Dates: From _____ To: _____ Starting Pay _____ /hour Ending Pay _____ /hour
Position/Title _____ Job Duties: _____

Supervisor's Name _____ Supervisor's Title: _____
Reason for Leaving or considering leaving _____
May we contact your current employer? _____ May we contact you at work? _____ Time to Call: _____

Employer _____ Employer's Phone # _____
Employer's Address: Street: _____ City: _____ State _____
Employment Dates: From _____ To: _____ Starting Pay _____ /hour Ending Pay _____ /hour
Position/Title _____ Job Duties: _____

Supervisor's Name _____ Supervisor's Title: _____
Reason for Leaving or considering leaving _____

Employer _____ Employer's Phone # _____
Employer's Address: Street: _____ City: _____ State _____
Employment Dates: From _____ To: _____ Starting Pay _____ /hour Ending Pay _____ /hour
Position/Title _____ Job Duties: _____

Supervisor's Name _____ Supervisor's Title: _____
Reason for Leaving or considering leaving _____

Employer _____ Employer's Phone # _____
Employer's Address: Street: _____ City: _____ State _____
Employment Dates: From _____ To: _____ Starting Pay _____ /hour Ending Pay _____ /hour
Position/Title _____ Job Duties: _____

Supervisor's Name _____ Supervisor's Title: _____
Reason for Leaving or considering leaving _____

PERSONAL INQUIRY WAIVER AND UNDERSTANDING

Read and initial each paragraph below. This page must be signed in front of a notary. HR employees are notaries and there are other notaries in the building. This service is provided free of charge. Photostat copies of this authorization carry the same authority as the original.

_____ I hereby authorize the City of Athens and Athens Police Department as applicable to thoroughly investigate my references, work records, education, police records, court records, and military records, and other matters related to my suitability for employment and further, authorize my former employers to disclose to the City of Athens any information pertaining to my employment with them. I hereby release the City of Athens, Athens Police Department, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that if offered employment, the offer will be contingent on my passing a pre-employment alcohol and drug screen and may be contingent on passing a pre-employment physical. By signing this application, I agree to submit to a pre-employment alcohol/drug screen and physical. I understand that failure to pass the alcohol/drug screen and/or physical if required will result in withdrawal of the employment offer. If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that the City of Athens may conduct alcohol or drug screening at its sole discretion in accordance with its Substance Abuse Policy. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

_____ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and the City of Athens. In addition, I understand that if I am employed, my employment relationship with the City of Athens is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time at the option of myself or the City of Athens in accordance with Personnel Policies and Procedures. I understand that no promises or representations contrary to the foregoing are binding on the City of Athens unless made in writing and signed jointly by the Mayor and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or the City of Athens benefits, policies, and procedures will not alter the employment at-will agreement.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ I understand that I will be required to possess a valid State of Alabama or Tennessee driver's license and understand that I may be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by the City of Athens auto insurance, if required for my position.

_____ I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Applicant's Signature

Date

Notary

Subscribed and sworn to me in my presence this, the ____ day of _____, _____.

NOTARY PUBLIC

Affix Notary Seal

CITY OF ATHENS
AUTHORIZATION TO RELEASE INFORMATION TO DATAFACTS

I understand that in connection with my application for employment (or promotion), a consumer report may be requested. This report may contain information as to my character, general reputation, personal characteristics or mode of living.

I hereby authorize and request any former employer, school, law enforcement agency, financial institution or other persons having personal knowledge about me to furnish Data Facts with any and all information in their possession regarding me, in connection with an application for employment.

I understand and offer my consent for Data Facts to inquire into and/or obtain any records such as previous employment, references, educational, motor vehicle records, worker's compensation, credit and criminal histories.

I acknowledge that a photocopy or fax of this authorization be accepted with the same authority as the original. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from the Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

I understand that my consent will apply throughout my employment, to the extent permitted by law. I have read and understand this disclosure and consent form.

Signature of Applicant

Date

Applicant's Full Name (please print)

Please print other names you have used

The following is for identification purposes (to perform the background check and will not be used for any other purpose.)

Driver's License #/State Issued _____

Social Security Number

Date of Birth

Current Address City/State Zip Code County Length of time at Address

Former Address City/State Zip Code County Length of time at Address

Former Address City/State Zip Code County Length of time at Address

Former Address City/State Zip Code County Length of time at Address

NOTE: WE NEED ALL ADDRESSES FOR THE PAST SEVEN YEARS.

CITY OF ATHENS
POLICY ON NON-DISCRIMINATION ON THE BASIS OF DISABILITY

The City of Athens does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs, activities, or services.

Section 504/ADA Coordinator: Sharon Seay, Director of Human Resources
Address: City of Athens, PO Box 1089, Athens, Alabama 35612

The person listed above has been designated to coordinate compliance with the non-discrimination requirements contained in section 8.53 of the Department of Housing and Urban Development and/or Section 35.107 of the Department of Justice regulations. Information concerning the provisions of Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act, and the rights provided there under, are available from Ms. Seay, the Section 504/ADA Coordinator.

EQUAL EMPLOYMENT OPPORTUNITY DATA

The City of Athens is an Equal Employment Opportunity Employer. Race, color, religion, age, sex, disability, veteran status, place of national origin, and other categories protected by law are not factors in employment, promotion, compensation, or working conditions. This data sheet is kept separate from your employment application and is not a part of your official application for employment. This data sheet is kept confidential.

SECTION 1 Completion of this section is required.

Position Applied for _____ Today's Date _____
Applicant's Full Legal Name _____
Prior Maiden Name or Other Names Used by Applicant _____

Applicant's Current Address _____
Street City State Zip Code

SECTION 2: Completion of this section is strictly voluntary. However, in an effort to comply with government recordkeeping requirements, we ask that you complete this information.

Check One: _____ Male _____ Female

Check Race/Ethnic Group Below as Appropriate

- _____ Hispanic
- _____ Black
- _____ White
- _____ Asian/Pacific Islander
- _____ American Indian/Alaskan Native
- _____ Other _____

NOTICE TO APPLICANTS FOR POLICE AND FIRE POSITIONS

PROCEDURES FOR APPLICATIONS FOR POLICE OFFICER I AND FIREFIGHTER I

Applications for positions of Police Officer I and Firefighter I will be taken in 30 day intervals regardless of vacancy status. Each interval shall end on the last day of the month.

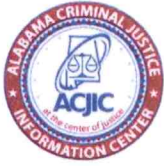
Exams for Police Officer I and Firefighter I will be given twice each year. Testing will be conducted whenever the testing program is available. All previous applicants who have not been tested through both the written and physical testing program will be tested. The City shall notify applicants by mail or telephone concerning testing dates and locations.

Whenever a vacancy occurs for Police Officer I or Firefighter I, the applications of all applicants who have passed all required tests will be reviewed in the order of submission. Interview candidates will be selected from the pool of applicants who have passed all required tests.

In addition to accepting applications on a monthly interval basis, the City reserves the right to advertise for vacancies, to accept additional applications at any time a vacancy is announced, and to conduct testing as needed.

Applications for Police Officer I and Firefighter I positions will remain active for one year from submission provided the applicant passes both the written and physical testing programs. If an applicant fails any part of the testing program, either the written test or the physical endurance test, the applicant will have to submit a new application to be considered in future application intervals.

Each applicant will have the responsibility of advising Human Resources of any changes in his/her address or phone number, advancements in training and education, and current job status.



Alabama Background Check (ABC) Report Waiver



Pursuant to §49-9-594, Code of Alabama 1975, the Alabama Criminal Justice Information Center (ACJIC) may supply employee criminal records and may provide the procedure for obtaining the records. The purpose of this waiver is to provide my employer/prospective employer with sufficient identifying information about myself to allow my employer/prospective employer to obtain my criminal record by querying the ACJIC Alabama Background Check (ABC) system.

By signing this waiver I, _____, certify that all of the personal identifying information provided herein is accurate. I understand that by providing this information and signing this document I agree to allow my employer/prospective employer to receive a copy of my report through ACJIC.

I understand that ABC reports may contain reported felony and misdemeanor arrests, violations, and court records included in databases maintained by the State of Alabama. I further understand that ABC reports contain personal information from motor vehicle records included in records maintained by the State of Alabama. Personal information is information that identifies the individuals on whom the ABC report is conducted, including photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. Juvenile, youthful offender, sealed and/or expunged records will not appear on any ABC report.

I further understand that any information supplied on an ABC report is derived from a **name-based** search using only the identifiers submitted by my employer/prospective employer or this employer's authorized Third Party User based on the information provided by me on this form. ACJIC in no way guarantees that criminal history record information provided through this system is for the person named in the request. Fingerprint based searches are the most reliable way to conduct criminal record checks and the least likely to result in either a false positive or false negative search result. This is not a fingerprint based search.

I understand that this waiver may be sent to ACJIC electronically in a form prescribed by ACJIC.

I understand that the results of my ABC report may be verified by submitting fingerprints to the Alabama Department of Public Safety.

PLEASE PRINT ... *Asterisks denote required information.

Last Name* (required)	First Name* (required)	Middle Name	Maiden Name
Street Address		City, State and Zip Code	
Sex / Gender* (required)	Race* (required)	Date of Birth	
Social Security Number*		Place of Birth	
Drivers License State		Drivers License #	
Signature* (required)		Date of Signature* (required)	
Name of Employer/Prospective Employer			