



# Application for Employment

## City of Spanish Fort Alabama

*The City of Spanish Fort is an equal opportunity employer. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.*

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Social Security No. (Voluntary) \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_

Position Applied for: \_\_\_\_\_

If you are under the age of 18, can you provide proof of your eligibility to work? **YES** ☐ **NO** ☐ Do any of your friends or relatives, other than spouse, work here? **YES** ☐ **NO** ☐

Have you ever applied for a position here before? ☐ ☐ If yes, when? \_\_\_\_\_

Have you ever worked here before? ☐ ☐ If yes, when? \_\_\_\_\_

Are you a citizen of the United States? ☐ ☐ If no, are you authorized to work in the U.S.? ☐ ☐

Are you currently employed? ☐ ☐ If yes, may we contact your current employer? ☐ ☐

Are you currently on "lay-off" status and subject to recall? ☐ ☐ Can you travel if the job requires? ☐ ☐

Have you ever been convicted of a felony? ☐ ☐

If yes, explain: \_\_\_\_\_

Date available to start work: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Work availability: ☐ Full-Time Please indicate 1 2 3 shift  
☐ Part-Time Please indicate Mornings Afternoons Evenings  
☐ Temporary Please indicate dates available \_\_\_\_\_ to \_\_\_\_\_

Best time to contact you during the day: \_\_\_\_\_ AM PM

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Graduate: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

**Please list any specialized training, apprenticeships, skills, certifications, and/or extracurricular activities:**

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**Please list any job-related training received in the United States Military:**

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## Previous Employment

Beginning with your current or most recent job, list previous employments from most recent to previous employment continuing in that order. Include any job-related military service assignments and/or volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or any other protected status. If additional space is needed, please continue on a separate sheet of paper.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Additional Information

**Professional, trade, business, civic activities and/or offices held:**

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

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**Other qualifications:**

*Please summarize any special job-related skills and/or qualifications acquired from employment or other experience.*

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**Additional Information:**

*Please list any additional information you feel may be helpful in the consideration of this application.*

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## References

*Please list three references, excluding any immediate family members.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Note to Applicants

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, with or without reasonable accommodation?

☐ Yes

☐ No

### Disclaimer and Signature

*I certify that my answers given herein are true and complete to the best of my knowledge.*

*This application for employment shall be considered active for a period not to exceed forty-five (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 defined 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.*

*If this application leads to employment, I understand that false or misleading information in my application or interview(s) may result in my release. I also understand that I am required to abide by all the rules and regulations of the employer.*

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

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

### For Personnel Department Use Only

Position(s) applied for is open: ☐ Yes ☐ No Date: \_\_\_\_\_

Position(s) considered for: \_\_\_\_\_  
\_\_\_\_\_

### For Personnel Department Use Only

Position(s) applied for is open: ☐ Yes ☐ No

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

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

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

Job Title: \_\_\_\_\_ Hourly Rate / Salary: \_\_\_\_\_ Department: \_\_\_\_\_

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

Name and Title