

CITY OF CORDOVA, AL

Employment Application

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 handicap, or any other legally protected status.

APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
License#				State				Expiration			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Position Applied for											
Type of employment sought:	Full Time Part Time Temporary										
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO						
Have you ever worked for this company?	YES	NO	If so, when?								
Have you ever been arrested?	YES	NO	If yes, explain								
Have you had any accidents during the last three years?	YES	NO	How Many?								
Have you had any moving violations during the past three years?	YES	NO	How Many?								

EDUCATION

High School				Address							
From	To	Did you graduate?	YES	NO	Degree						
College				Address							
From	To	Did you graduate?	YES	NO	Degree						
Other				Address							
From	To	Did you graduate?	YES	NO	Degree						

REFERENCES

Please list two professional references.

Full Name				Relationship							
Company				Phone							
Address											

Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

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	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. This application for employment shall be considered active for a period of time not to exceed 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer:</p>	
Signature	Date

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date	
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Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name					
Address					
City		State		Zip	
Social Security #					

Current Job						
Gender	Male				Female	
Ethnic Origin	White	Black	Hispanic	Other	American Indian/Alaskan Native	Asian/Pacific Islander
Choose One						
Check any that Apply	Vietnam Veteran		Disabled Veteran		Disabled Individual	