

CITY OF ENTERPRISE

501 South Main Street / PO Box 311000

Enterprise, AL 36331

(334) 347-1211, ext. 2245

www.cityofenterprise.net

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

DATE: _____

LAST NAME		FIRST NAME		MIDDLE INITIAL	NICKNAME	HOME PHONE		
PRIMARY STREET ADDRESS		CITY		STATE	ZIP CODE	ALTERNATE PHONE		
MAILING ADDRESS (If different)		CITY		STATE	ZIP CODE	ALTERNATE PHONE		
E-MAIL ADDRESS:				DRIVER'S LICENSE NUMBER		STATE	EXPIRATION	CLASS
POSITION DESIRED			CHECK ALL THAT APPLY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY				EXPECTED EARNINGS	
OTHER POSITION INTEREST				DATE AVAILABLE FOR EMPLOYMENT				
HAVE YOU EVER BEEN EMPLOYED BY THE CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, WHEN?				
ARE YOU PRESENTLY 16 YEARS AND MEET THE MINIMUM AGE REQUIREMENT FOR THE POSITION YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO				BIRTHDAY MONTH DAY		NOTIFY IN CASE OF EMERGENCY (NAME, ADDRESS, AND PHONE)		
US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU WORK OVERTIME IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU TRAVEL IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE ANY OF YOUR RELATIVES EMPLOYED BY THE CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

WORK HISTORY LIST CURRENT OR MOST RECENT FIRST.							
FROM	TO	EMPLOYER	ADDRESS	PHONE	MAY WE CONTACT? <i>Circle One</i> YES NO		
PAY RATE		JOB TITLE / DUTIES		SUPERVISOR	REASON FOR LEAVING		
FROM	TO	EMPLOYER	ADDRESS	PHONE	MAY WE CONTACT? <i>Circle One</i> YES NO		
PAY RATE		JOB TITLE / DUTIES		SUPERVISOR	REASON FOR LEAVING		
FROM	TO	EMPLOYER	ADDRESS	PHONE	MAY WE CONTACT? <i>Circle One</i> YES NO		
PAY RATE		JOB TITLE / DUTIES		SUPERVISOR	REASON FOR LEAVING		
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PAY RATE		JOB TITLE / DUTIES		SUPERVISOR	REASON FOR LEAVING		
FROM	TO	EMPLOYER	ADDRESS	PHONE	MAY WE CONTACT? <i>Circle One</i> YES NO		
PAY RATE		JOB TITLE / DUTIES		SUPERVISOR	REASON FOR LEAVING		

LIST ANY SKILLS OR OTHER QUALIFICATIONS FOR THE POSITION SHOWN ABOVE WHICH YOU FEEL SHOULD BE CONSIDERED:

IN WHAT BUSINESS, PROFESSIONAL, OR CIVIC ORGANIZATIONS ARE YOU ACTIVE? EXCLUDE THOSE INDICATING RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY. LIST ANY HONORS OR AWARDS WHICH ARE SIGNIFICANT. LIST ALL LICENSES.

EDUCATION HISTORY

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?

☐ YES ☐ NO

CIRCLE THE HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12

INSTITUTION NAME AND LOCATION	GRADUATED		DEGREE RECEIVED	COURSE OF STUDY	DATES ATTENDED
	YES	NO			
HIGH SCHOOL (If you are age 21 or under, please provide a high school transcript with application.)					
COLLEGE/VOCATIONAL SCHOOLS (S)					
POST GRADUATE SCHOOL(S)					
OTHER					

MILITARY

WERE YOU IN THE U.S. ARMED FORCES?

☐ YES ☐ NO

IF YES, WHAT BRANCH?

DATE ENTERED:

FINAL RANK:

DATE DISCHARGED:

TYPE OF DISCHARGE:

☐ HONORABLE ☐ DISHONORABLE

MILITARY EXPERIENCE SHOULD BE LISTED IN THE EMPLOYMENT HISTORY SECTION

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR COMMITTED WITHIN THE PAST FIVE YEARS, OR WERE YOU IMPRISONED FOR A MISDEMEANOR, WHICH OCCURRED MORE THAN FIVE YEARS AGO?

☐ YES ☐ NO

IF YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE EXPLAIN FULLY AND INCLUDE DATE OF CONVICTION. THIS INFORMATION WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT.

OTHER QUALIFICATIONS, SKILLS AND COMMENTS

List other qualifications and skills related to the position desired, such as professional or technical licenses, registrations, special training, typing, computer skills, etc. You may also list any other information you would like in this space.

REFERENCES: List at least 3 references knowledgeable of your performance and potential.

NAME	TITLE	ORGANIZATION/ADDRESS	TELEPHONE

PLEASE READ CAREFULLY BEFORE SIGNING.

Employee Release and Privacy Statement:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for discharge. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you.

As a condition of employment, I hereby voluntarily give my consent to the City and it's designated agents to do a drug and/or blood test for alcohol and/or controlled substances. I understand that these tests may be given as a precondition of employment and anytime thereafter during my employment with the City. I understand that a refusal to submit to testing will result in my discharge.

APPLICANT SIGNATURE

DATE

[illegible]

EQUAL OPPORTUNITY INFORMATION

The information requested below is used solely for equal employment opportunity reporting, personnel research, and for bona fide occupational qualifications, or other legal permissible reasons.

PLEASE PRINT:

LAST NAME		FIRST NAME		MIDDLE
DATE OF BIRTH	<div style="display: flex; justify-content: space-between;"> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> </div>	SOCIAL SECURITY NUMBER		
<p>REFERRAL SOURCE:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> NEWSPAPER</p> <p><input type="checkbox"/> RADIO</p> <p><input type="checkbox"/> ALABAMA STATE EMPLOYMENT AGENCY</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> CITY EMPLOYEE</p> <p><input type="checkbox"/> COLLEGE PLACEMENT</p> <p><input type="checkbox"/> BULLETIN BOARD</p> <p><input type="checkbox"/> OTHER</p> </div> </div>				
<p>RACIAL OR ETHNIC GROUP: CHECK ONE</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> AMERICAN INDIAN</p> <p><input type="checkbox"/> ASIAN / PACIFIC ISLANDER</p> <p><input type="checkbox"/> BLACK</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> WHITE</p> </div> </div>				
<p><input type="checkbox"/> VIETNAM ERA VETERAN (SERVED ON ACTIVE DUTY FOR MORE THAN 180 DAYS FROM 8/5/64 TO 5/7/75)</p> <p><input type="checkbox"/> DISABLED VETERAN; VA DISABILITY PERCENTAGE <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> VETERAN, OTHER</p> <p><input type="checkbox"/> DISABLED</p>				
POSITION APPLYING FOR			DATE OF APPLICATION	
SIGNATURE			DATE	