

Application For Employment

City of Heflin

Heflin, Alabama 36264

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 disability, or any other legally protected status. The City of Heflin is an Equal Opportunity Employer.

PLEASE PRINT

Date of Application _____

Position(s) applied for: _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (_____) _____ Social Security Number _____ - _____ - _____

Are you employed now? Yes No May we contact your present employer? Yes No

On what date would you be available to work? _____

Proof of age and citizenship or immigration status will be required upon employment.

PERSONAL REFERENCES	ADDRESS	PHONE

EMPLOYMENT EXPERIENCE

Begin with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disability, or other protected status. If you need additional space, please continue on a separate sheet of paper.

1.	Employer	Telephone	Dates Employed		WORK PERFORMED
		()	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
Reason for Leaving					
2.	Employer	Telephone	Dates Employed		WORK PERFORMED
		()	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
Reason for Leaving					
3.	Employer	Telephone	Dates Employed		WORK PERFORMED
		()	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
Reason for Leaving					

Summarize any special skills or qualifications acquired from employment or other experience:

EDUCATION

	ELEMENTARY	HIGH	COLLEGE/ UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities				

Please note any additional information you feel may be helpful to us in considering your application:

APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to the effect is executed by the employer and employee in writing.

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.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview? Yes No Remarks: _____

Employed? Yes No Date of Employment _____ Job Title _____

Hourly Rate/Salary _____ Department _____

By _____ Date _____
Name & Title