Application for Employment

City of Heflin
P.O. Box 128
Heflin, AL 36264

We consider applicants for all positions without regard for 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.

Date of Application: _____

Position(s) Applied For _____

Referral Source ☐ Advertisement ☐ Friend ☐ Relative
☐ Walk-In ☐ Other

Name _____
Last First Middle

Address _____
Number Street City State Zip

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

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

Have you ever been employed by the City of Heflin? ☐ Yes ☐ No If yes, give date: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No (Proof of citizenship or immigration status will be required upon employment)

Are you available to work ☐ Full-Time ☐ Part-Time

On what date would you be available for work? _____

Are you related to any elected official of the City of Heflin? ☐ Yes ☐ No

Have you been convicted of a felony within the last 10 years? ☐ Yes ☐ No
If yes, please explain: _____

_____

Are you a veteran of the U.S. Military? ☐ Yes ☐ No

If yes, what branch: _____

Personal References	Address	Phone

Education

	Elementary	High School	College/University	Graduate/ Professional
School Name & Address				
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, skille, & extra-curricular activities				

List the kinds of equipment you can operate and the degree of your proficiency (if operation of equipment might be considered relevant to the job you seek):

_____

_____

_____

_____

_____

_____

Employment Experience

Start 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, handicap, or protected status.

Employer:	Dates Employed		Work Performed
	From	To	
Telephone:			
Address:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Job Title:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
	From	To	
Telephone:			
Address:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Job Title:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
	From	To	
Telephone:			
Address:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Job Title:			
Reason for Leaving:			

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

_____

_____

_____

_____

I, _____, do hereby authorize the release of any record,
(LEGAL NAME)
including convictions and my Personal Motor Vehicle Record on file with any law enforcement agency to the City of Heflin.

I understand my employment will not be final and complete until this information has been considered and I have been fully approved for employment.

I understand that all new employees, regardless of status will be referred for a pre-employment drug screening. I understand that if I am considered employment will not be complete until a drug test is given.

_____
Signature

_____
Date of Birth

_____
Place of Birth (City, State or County)

I, _____, of the City of Heflin have been authorized by the City of Heflin to check on the above person's Police Record and Personal Motor Vehicle Record by mail/in person.

_____ _____
Signature Date

Applicant's Statement

I certify that 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 90 days. Any applicant wishing to be considered for employement 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 employement from the employer constitute an employment contract.

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

Position(s) applied for:

_____

Position(s) considered for:

_____

_____

Arrange Interview ☐ Yes ☐ No

Remarks:

_____

_____

_____

_____

Interviewer Date