

CITY OF DADEVILLE
APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition handicap.

City of Dadeville is in compliance with ADA Act of 1990.

(Please type or print)

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Advertisement: _____ Friend: _____ Relative: _____ Walk-In: _____

Employment Agency: _____ Other: _____

Name: _____

(Last)

(First)

(Middle)

Address: _____

(Street)

(City)

(State)

(Zip)

Telephone Number: _____

Date of Birth: _____

Social Security #: _____

Driver's License #: _____ State of Driver's License: _____

If employed and you are under 18, can you furnish a work permit? Yes _____ No _____

Have you filed an application here before? Yes _____ No _____, If yes, give date: _____

Have you ever been employed here before? Yes _____ No _____, If yes, give date: _____

Are you employed now? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?

Yes _____ No _____ (Proof of citizenship or immigration status may be required upon employment)

On what date would you be available to work? _____

Are you available to work, _____ Full Time, _____ Part Time, _____ Shift Work, _____ Temporary

Are you on Lay-Off subject to recall? Yes _____ No _____

Can you travel if job requires it? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain:

Have you ever been under any indictment or currently under indictment from any state or federal court?

Yes: _____ No: _____ If yes, please explain: _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____ If yes, please explain:

Have you ever had any traffic violations over the past 5 years? Yes _____ No _____

If yes, please explain:

The City of Dadeville is an equal opportunity employer, M/F/V/H

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names, which indicate race, color, religion, sex or national origin.

Employer: _____

Address: _____, Phone Number: _____

Date Employed From: _____, To: _____

Type Work Performed & Job Title: _____

Hourly or Salary Rate: _____

Supervisor: _____

Reason for Leaving: _____

Employer: _____

Address: _____, Phone Number: _____

Date Employed From: _____, To: _____

Type Work Performed & Job Title: _____

Hourly or Salary Rate: _____

Supervisor: _____

Reason for Leaving: _____

Employer: _____

Address: _____, Phone Number: _____

Date Employed From: _____, To: _____

Type Work Performed & Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Employer: _____

Address: _____, Phone Number: _____

Date Employed From: _____, To: _____

Type Work Performed & Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Education: Elementary High School College/University Graduate/Professional

School Name: _____

Years Completed:

(Circle One): 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Diploma/Degree: _____

Describe Course of Study: _____



Dadeville Police Department

Lt. David E. Barbour

Investigator

Authorization and Release

I, _____, residing at _____ have applied for a position as a(n) _____ with the City of Dadeville, Alabama. It has been explained to me by an Officer of the Dadeville Police Dept. and I am fully aware that in connection with my application, an investigation will be conducted by the said department to determine my suitability for employment by the said department.

I, _____, having filed an application with said department, and fully recognizing the responsibility to the public that only those of high character and ability are admitted to the said department, hereby authorize and request every medical doctor, school official, and every other person, firm, office, corporation, association, organization, or other institution having control of any documents, records or other information pertaining to me relevant to my good moral character and fitness to perform the responsibilities of the position for which I have applied, to furnish the originals or copies of any such documents, records, certificates, letters, and other information including but not limited to any and all medical reports, laboratory reports, x-rays, or clinical abstracts which may have been made or prepared pursuant to, or in connection with, any examination(s), consultation(s), test(s), or evaluation(s) of the undersigned.

I also understand that this information, along with my employment application, Police Department questionnaires, and other request or required forms, certificates, documents, letters, and / or other papers or information including any product of this background investigation and / or my final status as an applicant. I hereby release and exonerate every medical doctor, school official, and every other person, firm, officer, corporation, association, organization, or institution which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records, and other information or the investigation made by the said department. The undersigned further waives absolutely any privileges or rights to said documents, records, and other information, and fully understands that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

(Witness)

(Signature of Applicant)

(Date)

(Date)

Sworn to and subscribed before me this _____ day of _____, 20__

(Notary Public)

(Seal)