



# City of Springville

P.O. BOX 919 – SPRINGVILLE, ALABAMA 35146  
•PHONE (205) 467-6136 • FAX (205) 467-6136

<http://www.cityofspringvilleal.org>

An Equal

Opportunity Employers

## READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION

**DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION.** You may attach your resume to this application; however, the application must be completed. If you need additional space you may attach sheets to this application. A sample of a completed application is posted on the Personnel Department bulletin board. **NOTE:** You can apply for only one position on this application. You may supplement this application with copies of certificates, diplomas, licenses, etc; however, **DO NOT SEND ANY PAPERS WHICH YOU WOULD WANT RETURNED.** Federal law requires that there be no discrimination against any employee or applicant for employment because of the person's RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, or PHYSICAL or MENTAL DISABILITY with respect to hiring, firing, promotion, compensation, or other terms, conditions or privileges of employment.

1. Read the job announcement. Be sure that your work experience and/or education meet the qualifications described on the position announcement.
2. Read carefully and complete each question and/or statement on the application and/or supplemental application for employment. If the question or statement does not apply to you, write "N/A".
3. Give complete name and address of each school you have attended, and complete each column for record of education.
4. **NOTE: YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:** Give complete dates of employment to include at least the **MONTH AND YEAR** you started and left the place you worked; and give name and mailing address for all places you have worked. If you are listing volunteer work to qualify for a position, an experience block must be completed in the same manner as a paid job.  
Give your job title, the name of the person to whom you reported, and a brief reason for leaving each place you have worked or volunteered.  
**DESCRIBE CLEARLY** what you did each place you have worked. Do not use abbreviations in the description of duties and responsibilities. If you do not describe your work experience, it will not be possible to determine if you meet the requirements of the position for which you are applying. We may verify your description with your former employers. If you had a major change of duties or responsibilities while you worked for the same employer, describe each major change as a separate job. This also applies applicants listing military experience to qualify for a position. Each time you had a major change in responsibilities it should be listed separately.  
Write in each experience block your name at the time you were employed or volunteered, if it is different from the name you currently use. List your name used at the time on the first line under Description of Duties and Responsibilities.  
List, in the Personal References section, the name, mailing address (box number is required if a route is given) and telephone number of at least two (2) people {**Police Officer and Fire Fighter applicants must list at least three (3) people**} who know you. Do not list persons related to you or for whom you have worked in the past.  
Sign (in your usual handwriting) and date the Application. If left unsigned, your application will not be considered.
5. If the job announcement states a valid driver's license is required, you must present your driver's license to the receptionist at time of application for verification.
6. If hired you must present proof of identity and employment eligibility as stipulated in TITLE 8, U.S. CODE, SECTION 132A (i.e., driver's license, Social Security Card issued by the Social Security Administration).
7. The City of Springville verifies past employment, performs background investigations, and administers employment physical which includes drug/alcohol testing. A photo I.D. with signature is required for employment physicals.
8. Applications for the announced position are retained for a period not to exceed one year unless re-advertised. Should it be necessary to re-advertise the position, all previous applicants should reapply. REMINDER: You may apply for only one position on this employment application.
9. You must notify us immediately if your address or any of the telephone numbers you have listed changes. (Note: Completing a U.S. Postal Service forwarding of address form does not release you from notifying us immediately if your address changes). Your name will be removed from consideration for this position if we cannot contact you within a reasonable length of time.
10. The City of Springville is a public employer. Certain information on employment applications, resumes, and contents thereof, are a matter of public record. (Chambers v. Birmingham News Company, 552 S. 2nd 854 (Ala. 1989))
11. Please advise the Personnel Department's staff person issuing and/or receiving your application, if you will need assistance and/or accommodation to participate in the application process. For example accommodations for a test, a job interview, or a job demonstration.

# City of Springville

An Equal Opportunity Employer

## Application for Employment



Return this application to:  
P.O. Box 919  
Springville, AL 35146  
Or fax to:  
(205) 467-6136

Please print in ink (preferably black) or use typewriter

Number of attachments \_\_\_\_\_

Employees of the City of Springville and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for \_\_\_\_\_  
(one per application)

2. Department \_\_\_\_\_

3. Social Security No. \_\_\_\_\_

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name \_\_\_\_\_  
Last First Middle

6. Home Phone ( ) \_\_\_\_\_

5. Address \_\_\_\_\_

7. Business Phone ( ) \_\_\_\_\_

9. EDUCATION  
City State Zip

8. E-mail Address \_\_\_\_\_

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

10. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time Part-time Hours/week Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time Part-time Hours/week Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_

e. Automated word processing (specify equipment) \_\_\_\_\_  
 Typing speed \_\_\_\_\_ words per minute. Shorthand speed \_\_\_\_\_ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS**

- a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_
- b. Check which job status you will accept:  Full-time  Part-time (specify) \_\_\_\_\_
- c. Check which employment status you will accept:  Salaried (benefits)  Hourly (No benefits)  Part-time salaried (leave benefits only)
- d. Are you 18 years of age or older?  No  Yes.
- e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  
 Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- f. Are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active duty in the armed forces of the United States or reserve components thereof, including the National Guard or (ii) has a service-connected disability rating fixed by the United States Department of Veterans Affairs?  Yes  No.
- g. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations.  Yes  No If YES, please provide the following:  
 Description of offense: \_\_\_\_\_  
 Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
 County, City, State of Conviction: \_\_\_\_\_  
 (For additional convictions use plain paper. Include all information listed above.)

\*Convictions include juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

14. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the City of Springville. I understand that all information on this application is subject to verification and I consent to criminal history background checks, physical examination and drug screen. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the City of Springville to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Name \_\_\_\_\_ Announcement Number \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
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Salary (start) \_\_\_\_\_ (finish \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
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Job Title \_\_\_\_\_ Duties: \_\_\_\_\_  
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Salary (start) \_\_\_\_\_ (finish \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_