

# City of Muscle Shoals

2010 Avalon Avenue • Muscle Shoals, Alabama 35661  
Post Office Box 2624 • Muscle Shoals, Alabama 35662-2624  
(256) 383-5675 • Fax: (256) 386-9201 • www.cityofmuscleshoals.com

## Application for Employment

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

**Instructions: Complete all information. Please complete insert if enclosed. Be sure to sign and date the application. MUST use ink on this application.**

### INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Last Name		First Name		Middle Name	
Address	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number (Optional)		
E-Mail Address					

**POSITION APPLYING FOR:** \_\_\_\_\_

May we contact your present employer?  Yes  No

Have you filed an application or been employed here before?  Yes  No

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

Are you available to work?  Full time  Part time  On Shifts

Are any of your relatives employed with the City of Muscle Shoals?  Yes  No

If yes, list name(s) \_\_\_\_\_

Have you been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been convicted or arrested for any reason other than a minor traffic violation?  Yes  No

Are you on lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

# Education

	Name of School	City and State	Year Graduated	Course of Study	Course or Degree
High School					
College					
College					
Vocational					
Other (Specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Give name, address and phone number of three references not related to you.

Name	Address and Phone Numbers



# Employment Experience

**THIS SECTION MUST BE COMPLETED EVEN WITH RESUME ATTACHED.**

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

<b>1</b>	Current or Last Employer	Dates Employed		Work Performed
	Telephone Number(s)	From	To	
	Job Title	Salary (Optional)		
	Supervisor (Include first and last name)			
	Reason for Leaving			
<b>2</b>	Previous Employer	Dates Employed		Work Performed
	Telephone Number(s)	From	To	
	Job Title	Salary (Optional)		
	Supervisor (Include first and last name)			
	Reason for Leaving			
<b>3</b>	Previous Employer	Dates Employed		Work Performed
	Telephone Number(s)	From	To	
	Job Title	Salary (Optional)		
	Supervisor (Include first and last name)			
	Reason for Leaving			
<b>4</b>	Previous Employer	Dates Employed		Work Performed
	Telephone Number(s)	From	To	
	Job Title	Salary (Optional)		
	Supervisor (Include first and last name)			
	Reason for Leaving			

# Agreement

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

I authorize you to make such investigations and inquiries of all statements contained in this application as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

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 City of Muscle Shoals.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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## FOR HUMAN RESOURCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW

Initial  Complete  Incomplete

Scheduled Agility Test Date: \_\_\_\_\_ Time: \_\_\_\_\_

Scheduled Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_