



P. O. Box 390

Opelika, AL 36803

(334) 705-5130

Employment Application

The City of Opelika is an affirmative action, equal opportunity employer, and applicants will be considered without regard to their race, color, religion, sex, national origin, age, veterans status, or disability. We appreciate your interest in the City of Opelika and assure you we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications. Please fill this application form out carefully and completely. Submission of a resume **will not** substitute for completing this application.

Job Applicants applying for a "Designated Safety Sensitive Position" are required to submit to Drug Testing at or near the final stage of the hiring process.

Any offer of employment will be conditional upon a **NEGATIVE** drug test result.

Date: _____

Name: _____
Last First Middle

Any other name used: (nickname, assumed, etc.) _____

Street Address: _____
Number Street City State Zip Code

Mailing Address: _____
Number of P.O. Box Street City State Zip Code

Telephone Number: () _____ Social Security #: _____

POSITION(s) Applied For: _____

Are you available to work _____ Full Time _____ Part-time _____ Temporary
_____ Shift Work _____ Other: _____

On what date are you available for work? _____

Are presently employed? _____ Yes _____ No

Are you legally eligible to work in the United States? _____ Yes _____ No

Have you ever been convicted of an offense other than a minor traffic violation?
Criminal convictions are not an absolute bar to employment but will be considered in
relation to specific job requirements. _____ Yes _____ No

If Yes, please explain: _____

**CITY OF OPELIKA
APPLICATION FOR EMPLOYMENT**

EMPLOYMENT RECORD:

#1 Present or Most Recent Employer:

Employer Name: _____ Telephone: () _____

Address: _____
 Number Street City State Zip Code

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Last Pay Rate: \$ _____ Per _____

Dates of Employment: From: _____ To: _____

Was your employment: _____ Full Time _____ Part-time (avg. hours per week: _____)

Describe your duties: _____

Reason for Leaving: _____

#2 Previous:

Employer Name: _____ Telephone: () _____

Address: _____
 Number Street City State Zip Code

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Last Pay Rate: \$ _____ Per _____

Dates of Employment: From: _____ To: _____

Was your employment: _____ Full Time _____ Part-time (avg. hours per week: _____)

Describe your duties: _____

Reason for Leaving: _____

#3 Previous:

Employer Name: _____ Telephone: () _____

Address: _____
 Number Street City State Zip Code

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Last Pay Rate: \$ _____ Per _____

Dates of Employment: From: _____ To: _____

Was your employment: _____ Full Time _____ Part-time (avg. hours per week: _____)

Describe your duties: _____

Reason for Leaving: _____

May we contact the employers listed above? _____ Yes _____ No

If NO, indicate the employers you do not wish us to contact: _____

**CITY OF OPELIKA
APPLICATION FOR EMPLOYMENT**

EDUCATION:

Name of High School: _____
City _____ State _____
Did you graduate: _____ Yes _____ No
Mark which diploma: _____ Advanced _____ General _____ Certificate of Completion
Have you completed the requirements for a General Education Diploma (G.E.D.)? _____ Yes _____ No
If yes, state where received: _____

Name of College: _____
City _____ State _____
Years Completed: 1 2 3 4 5 6 Did you graduate? _____ Yes _____ No
Major: _____ Degree: _____

Name of Graduate School: _____
City _____ State _____
Did you Graduate? _____ Yes _____ No
Area of Study: _____ Degree: _____

Vocational Technical School: _____
Years Completed: 1 2 3 4 5 6 Did you graduate? _____ Yes _____ No
Area of Study: _____ Degree: _____

Other Formal Education: _____
City _____ State _____
Years Completed: 1 2 3 4 5 6 Did you graduate: _____ Yes _____ No
Area of Study: _____ Degree: _____

SPECIALIZED TRAINING / SKILLS:

Typing: _____ /wpm Shorthand: _____ / wpm
Can you operate: _____ Calculator _____ Dictaphone _____ Multi-line Telephone System
_____ Copier _____ Word Processor _____ Data Entry Terminal

List any other training, skills or aptitudes which you feel are related to the type of employment you are seeking with the City:

Do you have a valid Driver's License: _____ Yes _____ No
License Number: _____ State: _____ Type: _____

Have you ever been employed by the City of Opelika: _____ Yes _____ No
If yes, state: Supervisor's Name: _____ Department: _____
Your position: _____ From: _____ To: _____
Reason for termination: _____

**CITY OF OPELIKA
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MILITARY SERVICE

Have you served in the U. S. Military Service: _____ Yes _____ No
Dates of active service: From: _____ To: _____
Branch of Service: _____ Type of Duty: _____

Describe any special training or skills acquired in the Services: _____

List memberships in any professional organizations which you feel would enhance your application: _____

APPLICANT'S STATEMENT

Read Carefully:

The information contained in this application is correct and accurate to the best of my knowledge. I understand that employment is subject to: verification of applicable lawful age, legal right to remain permanently in the United States and physical examination and condition; and I will furnish and submit such lawful proof, documents and permits as may be necessary to verify the same, I hereby agree to submit to medical examination based on the essential functions of the job after a conditional job offer has been made. I authorize: (A): Investigation of the information contained in this application, of other matters concerning my past employment, credit, educational records, or other activities, (B) The issuance of credit and consumer reports or other statements which may be furnished or obtained concerning the same. I hereby release from any and all liability and responsibility all persons, companies and corporations supplying such information and the City of Opelika in obtaining the same. The City of Opelika will comply with the American with Disabilities Act of 1990. The City will attempt to provide reasonable accommodations for a qualified individual with a disability as defined by ADA and is capable of performing the essential job functions with or without reasonable accommodation, unless undue hardship to the City or direct threat to the employee or others would result.

I agree to use such personal protection equipment and devices as may be required by the City and to comply with safety rules and requirements. I understand that any misleading or incorrect statements may render this application void and in the event of my employment would be cause for immediate dismissal.

I have carefully read the above and fully understand the same.

Signature of Applicant _____ Date: _____

AUTHORIZATION FOR RELEASE OR EMPLOYMENT INFORMATION

Applicant:

This will authorize all previous employers of mine to provide the City of Opelika with any information that the City of Opelika may request. I hereby authorize each previous employer of mine to give to the City of Opelika any information in my personnel file that the City may request, including, but not limited to disciplinary actions, attendance records, reports relative to training and education, and any other information available concerning my previous employment. The City of Opelika may obtain an investigative report that includes information obtained through personal interviews with supervisors and business associates with any previous employer of mine. The personal interviews may seek information about my past job performance reliability, character, personal characteristics, and general reputation.

I understand that if I am hired, the City may terminate my employment during the probationary period with our without cause. I understand that no promise of employment for a particular length of time has been made to me. I further understand that no manager, supervisor, employer or other city representative has the authority to promise employment for a particular length of time or to make any other promise or representations about my future employment with the City.

I have read and understand the application and all information contained herein.

Signed: _____ Date: _____

*****This application becomes inactive after six months, unless renewed in person or in writing*****

