



CITY OF PELHAM
 HUMAN RESOURCES DEPARTMENT
 P. O. 1419
 PELHAM, ALABAMA 35124
 HR@PELHAMALABAMA.GOV
 205.620.6456

APPLICATION FOR EMPLOYMENT

INFORMATION PROVIDED WILL BE VERIFIED.

PERSONAL INFORMATION

(LEGAL NAME) LAST NAME	FIRST NAME	MIDDLE NAME	TODAY'S DATE
LIST ANY OTHER NAMES USED IF DIFFERENT FROM NAME ABOVE (FOR BACKGROUND VERIFICATION PURPOSES ONLY. THIS INFORMATION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT.)			
PRESENT ADDRESS	CITY AND STATE	ZIP CODE	ARE YOU OVER THE AGE OF 18 YEARS?
EMAIL ADDRESS	HOME OR CELL PHONE	IF OFFERED EMPLOYMENT, CAN YOU SUBMIT EVIDENCE OF YOUR LEGAL RIGHT TO WORK FOR THE COMPANY IN THE U.S.? _____ YES _____ NO	

POSITION APPLIED FOR **DESIRED SALARY** **PER**

REFERENCES

Please list at least 3 individuals who are qualified to evaluate your capabilities, preferably managers, peers, or subordinates. DO NOT INCLUDE RELATIVES.

NAME	RELATIONSHIP	TITLE	COMPANY	PHONE AND EMAIL ADDRESS
1.				
2.				
3.				
4.				
5.				

HIRING POLICIES

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX (INCLUDING PREGNANCY), COLOR, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. WE BASE OUR HIRING DECISIONS ON A VARIETY OF FACTORS, INCLUDING SKILLS AND ABILITY TO PERFORM THE JOB, PRIOR EMPLOYMENT EXPERIENCE, EMPLOYMENT REFERENCES AS TO CHARACTER AND WILLINGNESS TO WORK, WILLINGNESS TO ACCEPT THE OFFERED SALARY, AND PERSONAL INTERVIEWS. THE CITY OF PELHAM IS AN EQUAL OPPORTUNITY EMPLOYER.

EMPLOYMENT INFORMATION – STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT, LIST ALL PREVIOUS EMPLOYERS INCLUDING SELF-EMPLOYMENT, MILITARY SERVICE, SUMMER AND PART-TIME JOBS FOR AT LEAST THE LAST 10 YEARS. MUST BE COMPLETED IN FULL FOR EACH EMPLOYER. WRITING “SEE RESUME” IS NOT ACCEPTABLE. USE ADDITIONAL SHEET IF NECESSARY TO COVER YEARS OF EMPLOYMENT. **ADDITIONALLY, ATTACH PROFESSIONAL RESUME.**

1.) ORGANIZATION NAME	TITLE	START DATE	END DATE
ADDRESS		PHONE	
NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT?	<input type="checkbox"/> NOW <input type="checkbox"/> AFTER ACCEPTANCE OF OFFER	
REASON FOR LEAVING			
2.) ORGANIZATION NAME	TITLE	START DATE	END DATE
ADDRESS		PHONE	
NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT?	<input type="checkbox"/> NOW <input type="checkbox"/> AFTER ACCEPTANCE OF OFFER	
REASON FOR LEAVING			
3.) ORGANIZATION NAME	TITLE	START DATE	END DATE
ADDRESS		PHONE	
NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT?	<input type="checkbox"/> NOW <input type="checkbox"/> AFTER ACCEPTANCE OF OFFER	
REASON FOR LEAVING			
4.) ORGANIZATION NAME	TITLE	START DATE	END DATE
ADDRESS		PHONE	
NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT?	<input type="checkbox"/> NOW <input type="checkbox"/> AFTER ACCEPTANCE OFFER	
REASON FOR LEAVING			

U.S. MILITARY SERVICE

BRANCH OF SERVICE	TECHNICAL SPECIALIZATION	RANK ATTAINED

EDUCATION HISTORY

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREE/ AREA OF STUDY	NUMBER OF YEARS ATTENDED	GRADUATED (CHECK ONE)
HIGH SCHOOL	NAME ADDRESS			_ YES
	CITY STATE ZIP			_ NO
COLLEGE	NAME ADDRESS			_ YES
	CITY STATE ZIP			_ NO
GRADUATE SCHOOL	NAME ADDRESS			_ YES
	CITY STATE ZIP			_ NO
OTHER/TRADE SCHOOL	NAME ADDRESS			_ YES
	CITY STATE ZIP			_ NO
LICENSURE, CERTIFICATIONS, SPECIAL TRAINING				

CERTIFICATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.

I affirm that I am making this application because I am sincerely interested in being hired by **the CITY OF PELHAM** (hereby known as "the CITY") and not for any other purpose.

I certify that all statements I have made on this application, on my resume, or other supplementary materials are true and correct. I hereby authorize the CITY to investigate the accuracy of this information from any person or organization and I release the CITY and all persons and organizations from all claims or liabilities of any nature arising from such investigations or the supplying of information for such investigations. I understand that if I am being considered for a position which requires driving a CITY vehicle, a report examining my driving record may also be requested, and I similarly release all persons and organizations from all claims or liabilities of any nature arising from such examination or the supplying of information for such examination. I acknowledge that any false statement, significant omission, or misrepresentation on this application or supplementary materials will be cause for refusal to hire or, if employment has already begun, for immediate dismissal at any time during the period of my employment.

I am in agreement with the CITY's policy of equal opportunity in all phases of employment without regard to race, gender, color, religion, national origin, sexual orientation, age, veteran's status, marital status, or disability.

I also understand that if employment is offered and accepted, such employment is not for any specified term. I further understand that this application is not, and is not intended to be, a contract of employment.

I understand that, if offered employment, I will have three days to submit documents to verify my identity and authorization to work for the CITY in the U.S. and that failure to submit such documents within three days will preclude me from actually beginning employment with the CITY and may result in withdrawal of the CITY's offer of employment to me, or, if employment has begun, will result in the termination of my employment. I certify that any documents I furnish to verify my identity and authorization to work for the CITY in the U.S. will be authentic and will relate to me.

I understand additional documentation will be required as a pre-condition for employment and that I may be required to submit to a drug screen, pre-employment physical and background security check. I understand and agree that my completion of this form does not guarantee that the CITY will offer me employment. I further understand and agree that if I am hired I am required to read and abide by all rules and regulations of the CITY governing the conduct of its employees, including those set forth in the CITY Employee Handbook.

Your signature reflects that you have read and understood all of the above statements and conditions of employment. Your signature further reflects that you understand and agree that any material misrepresentation or deliberate omission of the facts provided to the City of Pelham by you will justify the City of Pelham terminating its consideration of your application for employment, or, if employment has begun, terminating your employment.

SIGNATURE OF APPLICANT	DATE
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All applications must be accompanied with an [Authorization for Background Check form](#).