



# Application for Employment

City of Ozark • P. O. Box 1987 • Ozark, AL 36361

PLEASE PRINT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP Code

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Cellular/Other # (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source (Please check the appropriate category and list the source)

- Walk-In \_\_\_\_\_
- Employee \_\_\_\_\_
- Advertisement \_\_\_\_\_

- Website \_\_\_\_\_
- Other \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_: \_\_\_\_\_  
 Home  Cellular/Other

May we contact you at work?  Yes  No  
If yes, list work number and best time to call:  
(\_\_\_\_\_) \_\_\_\_\_: \_\_\_\_\_

If you are under 18 and it is required,  
Can you furnish a work permit?  Yes  No  
If no, please explain: \_\_\_\_\_

Have you submitted an application here before?  Yes  No  
If yes, please give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before?  Yes  No  
If yes, please give dates From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is this application a request for re-employment following an extended military leave of absence from this company?  
 Yes  No

Are you legally eligible for employment in this country?  
 Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per Hour: \_\_\_\_\_

Type of Employment Desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if the job requires it?  Yes  No

Will you travel if the job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No  
If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?  
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.  
 Yes  No  Need more information about the jobs "Essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:  
\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No  
Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime?  Yes  No  
If yes, please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our the City?  
 Yes  No

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



# Employment History

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Starting Job Title / Final Job Title \_\_\_\_\_  
 Immediate Supervisor and Title (for most recent position held) \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_  
 Summarize the type of work performed and job responsibilities. \_\_\_\_\_  
 What did you like most about your position? \_\_\_\_\_  
 What were the things you liked least about your position? \_\_\_\_\_

Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
 May we contact for reference?  
 Yes  No  Later  
 E-mail: \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Starting Job Title / Final Job Title \_\_\_\_\_  
 Immediate Supervisor and Title (for most recent position held) \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_  
 Summarize the type of work performed and job responsibilities. \_\_\_\_\_  
 What did you like most about your position? \_\_\_\_\_  
 What were the things you liked least about your position? \_\_\_\_\_

Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
 May we contact for reference?  
 Yes  No  Later  
 E-mail: \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Starting Job Title / Final Job Title \_\_\_\_\_  
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Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
 May we contact for reference?  
 Yes  No  Later  
 E-mail: \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
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 What did you like most about your position? \_\_\_\_\_  
 What were the things you liked least about your position? \_\_\_\_\_

Dates Employed: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
 May we contact for reference?  
 Yes  No  Later  
 E-mail: \_\_\_\_\_



# Employment History (Continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability: \_\_\_\_\_

\_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? \_\_\_\_\_

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

\_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

Computer Skills (Check appropriate boxes)

Microsoft Word    Excel    Powerpoint    Email    Other: \_\_\_\_\_

Is there any other job related information you want us to know about you? \_\_\_\_\_

\_\_\_\_\_

## Educational Background

Starting with the most recent school attended, provide the following information

School (include City and State)

| School (include City and State) | Years Completed          | Completed<br><input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree<br><input type="checkbox"/> Certification<br><input type="checkbox"/> Other | GPA<br>Class Rank        | Major/Minor |
|---------------------------------|--------------------------|---|--------------------------|-------------|
| _____                           | <input type="checkbox"/> |   | <input type="checkbox"/> | _____       |
| _____                           | <input type="checkbox"/> |   | <input type="checkbox"/> | _____       |
| _____                           | <input type="checkbox"/> |   | <input type="checkbox"/> | _____       |
| _____                           | <input type="checkbox"/> |   | <input type="checkbox"/> | _____       |

## References

Please list names and telephone numbers of three business/work references who are not related to you and are not previous supervisors  
If not applicable, list three school or personal references who are not related to you.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ # of years known: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ # of years known: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ # of years known: \_\_\_\_\_



# Applicant Statement

## Social Security Number

SS#: \_\_\_\_\_

*We will use this information only for employment purposes and make reasonable efforts to regard your privacy.*

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in the application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal laws. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

The City of Ozark does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local laws. The City of Ozark likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The City of Ozark takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that if any information provided by me is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment.

***DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT***

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**ADMINISTRATIVE  
DEPARTMENT**

275 N. Union Avenue  
Post Office Box 1987  
Ozark, Alabama 36361  
Telephone: 334-774-3300  
FAX: 334-774-2202  
mayor@ozarkal.gov

**MAYOR**  
Mark Blankenship

**ASSISTANT CITY CLERK/  
PERSONNEL OFFICER**  
Denise Strickland

**COUNCIL MEMBERS**  
Leah Harlow  
Les Perault  
Winston Jackson  
Brenda Simechak  
Stanley Enfinger

**CITY OF OZARK, ALABAMA  
WAIVER AND AUTHORIZATION TO  
RELEASE INFORMATION**

I authorize you to furnish the City of Ozark, AL, with any and all information that you have concerning me, my work record, my reputation, my medical records, my military service records, my financial status, my criminal record (if any), and any other information having any possible bearing on my suitability for employment with the City of Ozark. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Ozark in determining my qualifications and fitness for the position I am seeking with the City.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the City of Ozark in conjunction with employment procedures and/or other security matters.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Date: \_\_\_\_\_

Applicant's Signature\*: \_\_\_\_\_

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your file.

*A city for all seasons.*

***\*Sign ONLY in the presence of an Authorized Notary Public***



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**CITY OF OZARK, ALABAMA  
EMPLOYEE SUBSTANCE ABUSE POLICY**

The City of Ozark in an effort to provide its employees with a working environment that is free of the problems associated with the use and abuse of alcohol, drugs, and other controlled substances has implemented a substance abuse policy.

No applicant for employment will be offered a job unless he/she submits to and successfully completes a drug test. Failure to submit to or successfully complete the drug test will result in your being rejected for employment. You will be eligible to reapply for employment in response to an open announcement after twelve months from the date of rejection. You may, however, reapply at an earlier date in response to an open announcement, provided you present acceptable medical evidence that you have successfully completed an appropriate treatment/rehabilitation program subsequent to your having refused to submit to or pass the drug test.

If you are offered a job and are assigned to a "Safety Critical" position or are assigned to a job that requires you to operate a municipal motor vehicle under a commercial driver's license, you will be subject to annual drug testing without advance notification. All employees are subject to random testing at any time.

I, the undersigned, hereby acknowledge that I have read and understand the context of this notice.

Date: \_\_\_\_\_

Applicant's Signature\*: \_\_\_\_\_

Witness: \_\_\_\_\_

***\*Sign ONLY in the presence of a witness***

*A city for all seasons.*