



# City of Smiths Station, Alabama Application for Employment

2336 Lee Road 430  
Smiths Station, AL 36877  
[www.smithsstational.gov](http://www.smithsstational.gov)  
334-297-8771; Fax 334-448-8422

Employees of The City of Smiths Station, Alabama 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. Please complete this application form completely and carefully in its entirety.

## GENERAL INFORMATION

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

Position Applying For: \_\_\_\_\_

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

Any Other Name Used: (nickname, assumed, etc.) \_\_\_\_\_

Street Address: \_\_\_\_\_  
Number Street Name City State Zip Code

Mailing Address: (if different from street address) \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Social Security #: - -

E-Mail Address: \_\_\_\_\_

Are you 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: \_\_\_\_\_



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## EDUCATION

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Name of High School: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Did you Graduate? Yes: \_\_\_ If yes, what year?: \_\_\_\_\_ No: \_\_\_

Diploma: Advanced (AP/IB): \_\_\_\_\_ General: \_\_\_\_\_ Certificate of Completion: \_\_\_\_\_

Have you completed the requirements for a General Education Diploma? Yes: \_\_\_ No: \_\_\_

If yes, state it was received: \_\_\_\_\_

### INSTITUTION(S) OF HIGHER EDUCATION:

1. Name of College or University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ # of Years Attended: \_\_\_\_\_

Did you Graduate? Yes: \_\_\_ No: \_\_\_

Academic Major(s): \_\_\_\_\_ Degree: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Did you Graduate? Yes: \_\_\_ No: \_\_\_

2. Name of College or University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ # of Years Attended: \_\_\_\_\_

Did you Graduate? Yes: \_\_\_ No: \_\_\_

Academic Major(s): \_\_\_\_\_ Degree: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Did you Graduate? Yes: \_\_\_ No: \_\_\_



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3. Name of College or University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ # of Years Attended: \_\_\_\_\_

Did you Graduate? Yes: \_\_\_ No: \_\_\_

Academic Major(s): \_\_\_\_\_ Degree: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Did you Graduate? Yes: \_\_\_ No: \_\_\_

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## **EMPLOYMENT RECORD & EXPERIENCE**

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### Present or Most Recent Job Information

Employer Name: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Supervisor's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Applicant's Job Title or Description: \_\_\_\_\_

Dates of Employment: Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Salary: Annual /Hourly: \_\_\_\_\_

Describe Your Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



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### Past Employer #1

Employer Name: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Supervisor's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Applicant's Job Title or Description: \_\_\_\_\_

Dates of Employment: Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Salary: Annual /Hourly: \_\_\_\_\_

Describe Your Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Past Employer #2

Employer Name: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip Code

Supervisor's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Applicant's Job Title or Description: \_\_\_\_\_

Dates of Employment: Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Salary: Annual /Hourly: \_\_\_\_\_

Describe Your Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



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Do you have a valid and current Driver's License? Yes: \_\_\_ No: \_\_\_

State of Issuance: \_\_\_\_\_ License #: \_\_\_\_\_ Classification: \_\_\_\_\_

Have you ever been employed by the City of Smiths Station? Yes: \_\_\_ No: \_\_\_

Dates of Employment: Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

If yes, supervisor's name and position: \_\_\_\_\_  
Name Position

List other work related skills that may apply: \_\_\_\_\_

### **PERSONAL & PROFESSIONAL REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

I authorize the prospective employer to inquire as to my record of any or all persons and of my former employers. In the event of my employment to a position with The City of Smiths Station, Alabama, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my resignation two weeks prior to the effective date.

It is my understanding that the first six (6) months of my employment are probationary, and if my services have not proved satisfactory my employment may be discontinued with a one week notice without prejudice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_