APPLICATION FOR EMPLOYMENT



An Equal Opportunity Employer www.cityofdecatural.com

It is the policy of the City of Decatur to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of non-job related disability or any other legally protected status. Please carefully read and answer all questions. Failure to fully and legibly complete all information on this application could result in disqualification from further consideration. Attaching a resume is encouraged, however, does not preclude this requirement.

Date of Application			Position Applied For (Job ID# POINT MALLARD)							DEPT USE ONLY	Accepted	Rejected	
- ше ет фринция			SEASONAL EMPLOYMENT						Citize	enship			
		SLASONAL EMPLOTMENT						Educa	ation				
Нα	w did you hear about this job pos	stina?	☐ Newsp	paper		[Job Board			•	erience		
Please be specific.			☐ City Employee						Resid Other	dency r			
	Last Name:			First N	lame:				Middle Initial	Socia	al Securit	y Number	
DATA	Present Mailing/Street Address												
		01212 772 02-12			0	- I Ot				o .			
	City		State Zip Code City		City	County		County	S	State	Zip Code)	
	Home Telephone No. (Area Code) Number			Cell Phone No. (Area Code) Number E-mail Address:				mail Address:					
	Determinable to the total and the second of								nlagge ov	nlain			
	Date you will be able to start work? Can you work nights, weekends, and holidays? yes no If no, please explain.												
۵	Are you 16 years of age or older?		Yes N		ve you ever be		d of a	yes, ex	rplain				
DNAL				l	•		v authorized	to wor	k in the US and	can vou	1 -	D	
	Are you a US Citizen?		Yes 🔲		comply	with the foll	owing require	ement*	?	•		Yes 🔲	
RS	*To comply with the Immigration Reauthorization to be employed in the	eform a e Unite	and Contro ed States S	l Act of Such do	1986, if you are cuments will b	e hired you v e required v	will be require vithin the first	ed to p t three	rovide document (3) business da	ts to esi vs follo	tablish yo wina vou	our identity r hire: or u	and your
Щ	first day of work if your employmen								(0) 200000 00.	,	9 ,		, , , , , , , , , , , , , , , , , , ,
ï							Do you have a valid driver's license?					☐ Yes	□No
	Here was a second of the Disease Paraties				or other If yes, when:			State License No.: Have you ever been disciplined or discharge			rged for		
	Have you ever worked for the City of Decatur or other Alabama government entity? Yes No If yes, when: Have you ever been disciplined or dismaking threats or any incident involving violence?							0	☐ Yes	☐ No			
	Position: Department:												
	If yes, reason for leaving:				Have you			ave you ever been disciplined, discharged for				☐ Yes	П№
	, ,	ease provide name and forced to resign for any othe please explain:											
	with the city of Decatur? relationship:												
Have you applied for employment with the City of Decatur before? Yes No If yes, when: If hired, when can you start?					Desired Salary?								
	•					you sta	art?				·		
	High School Name / Address				City				County	S	State	Zip Code	
	Craduated Time of Dialoma Degree Cartificate of Equipalance Dialoma												
	Graduated Type of Diploma, Degree, Certificate or Equivalency Diploma Yes No												
								State	Zip Code				
۵ N													
									II GPA out	of			
TRAIN	☐ Vocational Schools, Technical ☐ All Other ☐ Type possible total (e.g. 3.2/4.0						3.2/4.0)	or average	grade				
F	Schools, and junior colleges						85%):						
ං ජ	Secondary School Name / Address	3				City	II.		County	S	State	Zip Code	
8													
CATION	Major Field of Study: Graduated: ☐ Yes ☐ No Degree/Certificate Ty credits)							icate Typ	e (if no, tot	al			
	Type of School (Check One) Academic Standing (Overall GPA out of possible total (e.g. 3.2/4.0) or average									erage			
i	Community, Military Schools, and junior colleges Colleges/Universities Grade (e.g. B+ or 85%): grade (e.g. B+ or 85%):												
	COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A LIFEGUARD POSITION												
	Have you ever been certified as a lifeguard? yes no If yes, Year If yes, name of agency												
	Have you ever had any first aid, CPR, or other related training? yes no												
	If yes, explain												

Please list all employment for the past ten (10) years with most recent employment first; be sure to include complete mailing address. For additional work history or other experience, skills or qualifications, please attach using separate piece of paper. Employer: LENGTH OF EMPLOYMENT Address: FROM:mm/yyyy TO: mm/yyyy Telephone Position Hours Per Week: Supervisor Supervisor's Position PRINCIPAL RESPONSIBILITIES: Starting Salary: **Ending Salary:** Bonus: REASON FOR LEAVING: May We Contact Your Current Employer? ☐ YES ☐ NO Employer: LENGTH OF EMPLOYMENT Address: FROM:mm/yyyy TO: mm/yyyy Telephone Position Hours Per Week: Supervisor Supervisor's Position Starting Salary: PRINCIPAL RESPONSIBILITIES: **Ending Salary:** Bonus: REASON FOR LEAVING: ☐ YES ☐ NO May We Contact Your Past Employer? Employer: LENGTH OF EMPLOYMENT FROM:mm/yyyy TO:mm/yyyy Address: Telephone Position Supervisor Supervisor's Position Hours Per Week: PRINCIPAL RESPONSIBILITIES: Starting Salary: **Ending Salary:** Bonus: **REASON FOR LEAVING:** ☐ YES ☐ NO May We Contact Your Past Employer? LENGTH OF EMPLOYMENT Employer: TO:mm/yyyy Address: FROM:mm/yyyy Telephone Position Supervisor Supervisor's Position Hours Per Week: PRINCIPAL RESPONSIBILITIES: Starting Salary: **Ending Salary:** Bonus: REASON FOR LEAVING: May We Contact Your Past Employer? ☐ YES ☐ NO



Applicant Consent and Release Form

	Work related references (Do not include relatives)					
	CHECK ONE	NAME		OCCUPATION		
	Occupational Reference					
	Personal Reference (only if no Work Reference) ADDRESS (STREET, CITY, STATE, ZIP CODE)			TELEPHONE		
	ADDRESS (STREET, CITY, STATE, ZIP CODE)			TELEPHONE		
ES				EMAIL		
8	CHECK ONE	NAME		OCCUPATION		
EFERENC	Occupational Reference					
	Personal Reference (only if no Work Reference)					
쁜	ADDRESS (STREET, CITY, STATE, ZIP CODE)	•		TELEPHONE		
R				EMAIL		
"	CLIECK ONE	NAME		OCCUPATION		
	CHECK ONE Occupational Reference	INAIVIE		OCCUPATION		
	Personal Reference (only if no Work Reference)					
	ADDRESS (STREET, CITY, STATE, ZIP CODE)			TELEPHONE		
				EMAIL		
CC	NSENT AND RELEASE - PLEASE READ	CAREFULLY BEFO	ORE SIGNING.			
l						
	hereby certify that all statements made in this applica gree that any false or misleading information or omi					
	gree that any raise of misleading information of onling information of employment.	ssion of facts given in	my application of interview(s) may	y be justification for refusal to fille of		
	termination of employment.					
	I hereby agree and consent to taking physical or other examinations when requested to do so by the City of Decatur. I understand that City of Decatur					
eı	employees or applicants for employment are subject to testing for substance and drug use, including marijuana.					
	I further understand that an investigative report may be made as to my observation and remarks in a law to since all most annual control of the control of t					
	I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations including, but not limited to, law enforcement agencies and licensing agencies, having relevant information or knowledge to provide it to					
	The City of Decatur or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required					
	written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my					
	application. Upon written request by me, within a reasonable period of time, the City of Decatur will make available to me the nature and scope of all					
re	reports of every type obtained.					
١.,	I understand that nothing contained in this employment application or in the granting of an examination or an interview is intended to create an employment					
	I understand that nothing contained in this employment application or in the granting of an examination or an interview is intended to create an employment contract between the City of Decatur and me for either employment or for the providing of a benefit. If an employment relationship is established, I					
	understand and acknowledge that it is of an "at will" nature, which means that my employment can be terminated at any time, with or without cause, at the					
	option of either the City of Decatur or myself.					
As affine discontinuo establishing Otto of December 2 and the contract of the						
	An offer of employment with the City of Decatur is contingent on my providing sufficient documentation necessary to establish my identity to work in the					
	United States. I also understand that a job offer is contingent upon successfully passing a drug and alcohol test and criminal background check. Other screenings may be conducted depending on position (i.e. a credit check may be completed for positions holding financial responsibility.). Appropriate					
	notification and paperwork will be provided.					
In	signing this form, I certify that I understand all the que	stions and statements in	this application.			
ΛD	PLICANT'S SIGNATURE			DATE		
	FLICANT 3 SIGNATURE		L	AIL		

Signed Consent form should be returned with completed employment application and resume to City of Decatur Human Resources Department located at 610 4th Avenue SE, Decatur, AL 35601; mailed to P. O. Box 1984, Decatur, AL 35602; or emailed to employment@decatur-al.gov.

The Human Resources Department can be reached at (256) 341-4890.

www.cityofdecatural.com

VOLUNTARY Self-Identification / Equal Employment Opportunity

We are an Equal Opportunity Employer and do not discriminate on the basis of ethnicity, color, religion, gender, gender identity, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State or local law. The information below will be used only in the compilation of data for Equal Opportunity reporting. Completion of this form is VOLUNTARY and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form. Applicants requiring reasonable accommodation for any part of the application and hiring process should contact the Human Resources Department as noted on each vacancy announcement. Determinations on requests for reasonable accommodation are made by the Human Resources Director and will be made on a case-by-case basis.

	VOLUNTARY Applicant Information							
	Last Name:			Date:				
	First Name:			Middle Initial:				
	Position sought:	(List only one.)						
Sex:	(Please Check O	ne) 🗖 Male	☐ Female					
	EEO ETHNICITY CATEGORY (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)							
 □ American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment □ Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam □ Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa □ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands □ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race □ White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa □ Two or More Races - All persons who identify with more than one of the six races □ American Indian or Alaska Native □ Native Hawaiian or Other Pacific □ Asian □ Islander □ Hispanic or Latino 								
VETE	RAN STATUS (Plea	ase check if it describ	□ Wi es your veteran status.)	nite				
Are y	ou a veteran?	∐ Yes ∐ No						

IMPORTANT NOTICE TO APPLICANT: PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. ACOPYOFTHIS FORMWILL BE PROVIDED AT ANY TIME UPON REQUEST

NOTICE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICATIONS AND EMPLOYMENT P U R P O S E S

This form, which you should read carefully, has been provided to you because the City of Decatur may request consumer reports or investigative consumer reports in connection with your application for employment or during the course of your employment with the City of Decatur, if any, for other employment-related purposes.

The City of Decatur recognizes the importance of maintaining a safe workplace with honest, trustworthy, qualified, reliable and non-violent employees who do not present a risk of serious harm to their co-employees or others. For the benefit of all employees and the City, in furthering these interests and enforcing the City's policies, the City may perform applicant background checks and employee investigations. These background checks and investigations may be performed by the City in whole or in part, at the City's discretion.

The City's applicant background checks and employee investigations may also include the use of consumer reporting agencies to gather and report information to the City in the form of consumer or investigative consumer reports regulated by federal law. Such reports, if obtained will be prepared by consumer reporting agencies and may contain information concerning your credit standing or worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Federal law defines a "consumer reporting agency" as any person (or entity) which for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information on consumers for the purpose of furnishing reports to third parties. The City is not a consumer reporting agency.

The types of reports that may be requested from consumer reporting agencies under this policy, include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee.

If the City requests an investigative consumer report to be performed by a consumer reporting agency, as defined by federal law, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. This additional notice, if issued, will provide you with further information pertaining to federal law governing investigative consumer reports. You will not receive such a notice if the investigation is performed by the City or a person or entity other than a consumer reporting agency.

If any adverse decision is made with regard to your application for employment or subsequent employment with the City, if any, based entirely or in part on the information contained a consumer report or investigative consumer report prepared by a consumer reporting agency, you will be notified and given a copy of the report, as well as a summary of your applicable rights. If you have every filed for bankruptcy, no employment decision will be based solely on this information.

Your consent is required by law before the City may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your application for employment and thereafter, during the course of your employment, if any, in the City's discretion. Your signature on the enclosed Consent Statement indicates that you have carefully read and understand that the City may request and review consumer reports and investigative consumer reports regarding you, consistent with this policy, both in connection with your application for employment and during the course of your employment, if any, and that you consent to the release of such consumer reports or investigative consumer reports to the City for employment purposes, including any future decisions concerning your, employment, promotion, reassignment or retention as an employee of the City of Decatur. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it (cancel it) in writing.

Limitations on the City's ability to conduct lawful investigations of applicants and employees for purposes of promoting a safe workplace and otherwise maintaining an honest, trustworthy, qualified, reliable, and non-violent workforce, are not acceptable. The City of Decatur employees are consequently expected to maintain their consent to the City's potential use of consumer and investigative consumer reports in keeping with this policy and are otherwise expected to cooperate fully with the City's lawful efforts to obtain such information. Refusal to consent to a consumer report or investigative consumer report as required by this notice and the City's policies, or any other attempt to interfere or failure to cooperate with the City's lawful investigation of any applicant or employee, may result in rejection of any application, withdrawal of an offer of employment or discipline, up to and including termination from employment.



Employment Application Attachment

Applicant Consent and Release Statement

Name of Applicant (Printed)	Position Applied For

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the City of Decatur in conjunction with my application for employment. I further understand that this consent will apply during the course of my employment with the City of Decatur, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish refuse or revoke my consent at any time, I understand that I may do so by sending a signed letter or statement to the City of Decatur, indicating that revoke my consent to the City's obtaining consumer reports or investigative reports about me for employment purposes. I further understand that any and all information contained in my job application or otherwise disclosed to the City of Decatur by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the City of Decatur and confirm that all such information is true and correct. I understand and acknowledge that nothing in this Notice and Consent is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the City of Decatur, my employment will not be for a specified period of time and can be terminated at any time pursuant to the provisions of the Merit System Rules of the City of Decatur.

Applicant Signature	Date

Signed Consent form should be returned with completed employment application and resume to City of Decatur Human Resources Department, 610 4th Avenue SE, Decatur, AL 35601; mailed to P.O. Box 1984, Decatur, AL 35602; or emailed to employment@decatur-al.gov.

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