

CITY OF TALLAPOOSA
APPLICATION FOR EMPLOYMENT

1. A. _____ B. _____ C. _____
 Position(s) Applied For Full Time / / Part Time/ / Temporary/ /

2. _____ 3. _____
 Last Name First Middle Social Security Number

4. _____ 4. _____
 Address - Number and Street Name Home Phone Number

5. _____ 6. _____
 City State Zip Code Business / Cell phone

7. When would you be available for employment ? _____

8. What is the minimum salary you will accept ? _____ per _____

9. Have you been employed previously by this jurisdiction? Yes () No ()

10. Do you have any physical handicap, disease, limitations or other disability which should be considered when assigning you this position? Yes () No ()

11. Since your 17th birthday, have you ever been convicted of any violation of the law other than minor traffic violations? Yes () No () (A conviction will not necessarily exempt you from consideration for employment.)

Explain any items to which you answered "Yes" in this space:

12. Have you ever been a member of the armed services? Yes () No ()

Type of Discharge: _____

13. Do you hold a current professional (Physician, Teaching, etc.) License? Yes () No ()

Profession: _____ License Number: _____

EDUCATION

14. Are you a high school graduate or do you hold a GED Certificate? Yes () No ()

If "No", circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

15. Educational Record:

	School Name & Address	Hours Credit	Major	Minor	Degree	Graduation Date
Business / Trade School						
College						
College						
Graduate School						

EMPLOYMENT HISTORY (Last three (3) employers)

Use additional sheets if necessary.

EMPLOYER #1

Employed: From _____ TO _____ Total Years: _____ Months: _____
Starting: Salary _____ per _____ Final Salary: _____ per _____
Employer: _____ Phone number: _____
Address: _____ Type of business: _____
Your position: _____
Specific Duties: _____
Reasons for leaving: _____

EMPLOYER #2

Employed: From _____ TO _____ Total Years: _____ Months: _____
Starting: Salary _____ per _____ Final Salary: _____ per _____
Employer: _____ Phone number: _____
Address: _____ Type of business: _____
Your position: _____
Specific Duties: _____
Reasons for leaving: _____

EMPLOYER #3

Employed: From _____ TO _____ Total Years: _____ Months: _____
Starting: Salary _____ per _____ Final Salary: _____ per _____
Employer: _____ Phone number: _____
Address: _____ Type of business: _____
Your position: _____
Specific Duties: _____
Reasons for leaving: _____

REFERENCES:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

I hereby certify that all statements made on this form are true to the best of my knowledge. I fully realize that should an investigation disclose any misrepresentation, I will be subject to immediate dismissal.

Date: _____ Signature: _____

For EEOC REPORTS:

Race: _____ Sex: M F Marital Status: _____
Nation of Origin: _____ Citizenship: _____
Date of Birth: _____ Religion: _____

An Equal Opportunity Employer