



# Town of Woodville

P.O. Box 94 • 29923 Alabama Highway 35  
Woodville, Alabama 35776

(256) 776-2860  
Fax: (256) 776-4895

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT                      Date of birth \_\_\_\_\_

Position Applied for                      Date of Application

How did you learn about us?  
Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Walk-In \_\_\_\_\_  
Employment Agency \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

Last Name                      First Name                      Middle Name

Address                      Street                      City                      State                      Zip

Telephone Numbers                      Social Security Number

If you are under 18 years of age, can you provide required  
Proof of you eligibility to work?                      Yes \_\_\_ No \_\_\_

Have you ever filed an application with us before?                      Yes \_\_\_ No \_\_\_  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?                      Yes \_\_\_ No \_\_\_  
If Yes, give date \_\_\_\_\_

Are you currently employed?                      Yes \_\_\_ No \_\_\_

May we contact your present employer?                      Yes \_\_\_ No \_\_\_

Are you prevented from lawfully becoming employed in this  
Country because of Visa or Immigration Status?                      Yes \_\_\_ No \_\_\_  
*Proof of citizenship or immigration status will be requires upon employment*

Have you been convicted of a felony within the last 7 years?                      Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

Are you available to work: Full time \_\_\_ Part time \_\_\_ Shift Work \_\_\_ Temporary \_\_\_  
**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ Work Performed \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

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

2. Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ Work Performed \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

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

3. Employer \_\_\_\_\_ Dated Employed \_\_\_\_\_ Work Performed \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

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

If you need additional space, please continue on a separate sheet of paper.

### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_

School Name \_\_\_\_\_

Elementary School

High School

College

Location \_\_\_\_\_

Years Completed \_\_\_\_\_

Diploma or Degree \_\_\_\_\_

Describe Course of Study \_\_\_\_\_

Describe any specialized training, apprenticeship, skills \_\_\_\_\_

Describe any honors you have \_\_\_\_\_

State any additional information you feel may be helpful to us in considering our application \_\_\_\_\_

Indicate any foreign languages you can speak, read or write

Speak \_\_\_\_\_

Read \_\_\_\_\_

Write \_\_\_\_\_

List professional, trade, business or civic activities and offices held.

## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States Military? Yes\_\_ NO\_

If Yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes\_\_ No\_\_

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment at may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

ARRANGE INTERVIEW Yes \_\_\_ NO \_\_\_

Remarks \_\_\_\_\_

Employed Yes \_\_\_ No \_\_\_

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Dept. \_\_\_\_\_

By \_\_\_\_\_

Name and Title

\_\_\_\_\_ Date

NOTES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_