

Application for Employment

Human Resources Department, 3160 Main Street, Millbrook, Alabama 36054 Phone: (334) 285-6428 Fax: (334) 285-6460 Email: HR@cityofmillbrook-al.gov
Positions Desired (must be specific) : Salary Expected:/ Hour
Full Time Part Time Seasonal
Are you willing to work shift work (nights, weekends, holidays, etc)? Yes □ No □
Application Date: Date Available for Work:
 Please answer all questions accurately and completely. Incomplete applications may be disqualified. By signing this application, you are affirming that all information you provide is accurate and complete.
How did you learn about this job? (Check One)
Advertisement Friend/Relative City/Employee City Website Walk-in Other
Applicant Information
Name: First Name Middle Initial Last Name Address:
Address:
Telephone No: ()
E-mail Address:
General Information
Are you now, or have you ever been employed with the City of Millbrook? Yes \(\subseteq \text{No} \subseteq \)
If yes, please give date(s) and position(s).
Do you have relatives employed by the City? Yes \(\square\) No \(\square\)
If yes, please give name, relationship, and department.
Are you at least 18 years old? Yes \(\subseteq \text{No } \subseteq \) If you are under 18 and if it is required, can you furnish a work permit? Yes \(\subseteq \text{No} \subseteq \)
Are you able to perform the "essential functions" of the job for which you are applying (with or without a 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 job's "essential functions" to respond
Answering "yes" to either part of 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:
Are you lawfully eligible to work in the United States? Yes No

Do you have a valid AL Drivers License? Yes No Operator's CDL Endorsements: Yes No					
Drivers License No.: Expiration:					
Have you ever had your license suspended? If yes, please explain.					
Employment History					
In this section, please describe the duties you have performed in previous positions, which demonstrate that you have the knowledge, skills, and abilities to perform the duties of the job for which you are applying.					
Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years. Please explain all periods of unemployment. Additional pages of work history may be attached, if necessary.					
A resume is not a substitute for this section of the application.					
May we contact this employer? Yes No Telephone No.: ()					
Employer: Position Title:					
Address:					
City State Zip Code Starting Salary:Ending Salary:Start Date:End Date:					
Supervisor's name and title:					
Duties & Responsibilities:					
Reason for leaving:					
May we contact this ampleyer? Vac					
May we contact this employer? Yes No Telephone No.: ()					
Employer: Position Title:					
Address:					
Supervisor's name and title:					
Duties & Responsibilities:					
Reason for leaving:					
May we contact this employer? Yes No Telephone No.: ()					
Employer: Position Title:					
Address:					

Starting Salary:	Ending Salary:		_Start Date:	End Date: _		
Supervisor's name and title:	:					
Duties & Responsibilities: _						
Reason for leaving:						
May we contact this employer? Yes No Telephone No.: ()						
Employer:		Posi	tion Title:			
Address:		City	State	Zip Code		
Starting Salary:	Ending Salary:		_Start Date:	End Date: _		
Supervisor's name and title:	:					
Duties & Responsibilities: _						
Reason for leaving:						
Education and Training						
Check the highest school gr		_				
High School: 9 10	11	llege: 13 L] 14	16	18	
Name of School	Address		Courses of Study	Credits Completed Semester/Quarter Hours	Degree or Certificate Earned	
List any job-related schools as an attachment.)	attended or vocational t	raining rece	eived. (If additional s	pace is required, pleas	se list separately	
Name of School	Date(s)			Type of Training		
List any professional license	os or cortificatos					
List any professional licenses or certificates.						
Title of license or certificate	Number	Issuing	Agency	Date Issued/Date	or Expiration	

Typing(wpm) Calculator								
Other (Specify):								
Heavy Equipment Tools:								
References (Relatives are not acceptable references)								
Name & Title	Occupation	Address (Include City, State & Zip Code)	Phone No.					
General Information								
ALL APPLICANTS: Please read the following and address any questions to the Human Resources Representative before signing. I affirm that the information provided on this application and any accompanying documents is true and complete to the best of my knowledge. I understand that, if I am employed by the City of Millbrook, and if it subsequently discovers any false statements, significant omissions, or misleading information provided by me in connection with this application it may result in the termination of my employment. I authorize investigation of all statements contained in this application and any accompanying documents as may be necessary in arriving at an employment decision. I also understand that the City will perform a background check on me. I authorize this background check and also authorize all personnel, schools, companies, corporations, and law enforcement agencies to supply the City of Millbrook with any and all pertinent information they may have about me. I release the same from any liability in connection with their provision of such information. I understand that the City of Millbrook may be required to submit/release this application and its accompanying documents, in response to a public records request. I release the City of Millbrook and its agents, from any liability that may result from submitting/releasing such information. I acknowledge that the City of Millbrook may require, as a condition of any offer of employment that is made, or for continued employment, that I understand that a Satisfactory drug testing, or alcohol testing, and I consent and agree to any such exam, if required now or in the future. I understand that a satisfactory drug test result is a condition of employment with the City. I understand that federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity. I further understand that all persons hired must submit satisfactory proof of employment at will" policy, in that I or the City of M								
Signature of Applicant Date								