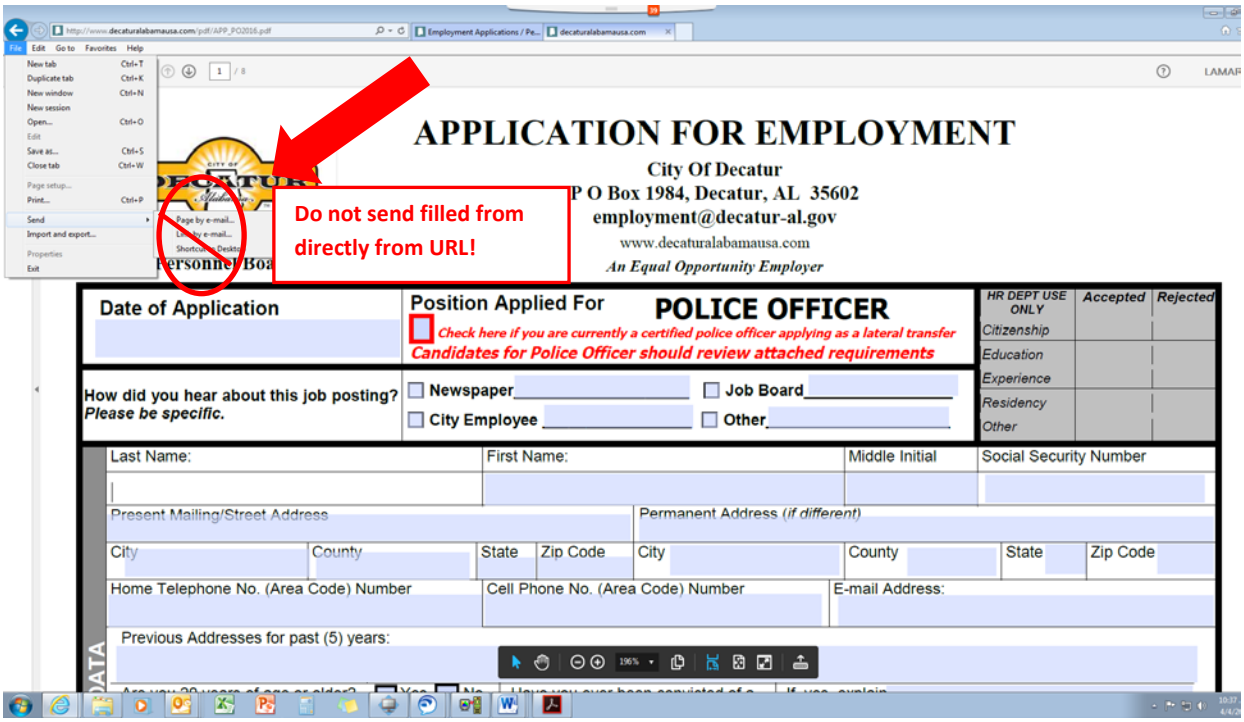
Personnel Board

INSTRUCTIONS

IMPORTANT INSTRUCTIONS ABOUT THIS FILLABLE FORM!

Please be advised that while the Application Form is in a fillable PDF format, it is NOT currently transmittable from the URL website. Sending a filled application form directly from the URL location (see below) will result in the delivery of a BLANK/EMPTY FORM!



PLEASE *DOWNLOAD*, *PRINT*, *SIGN* AND *RETURN COMPLETED* APPLICATION FORM TO

Human Resources Department
Mail: P. O. Box 1984, Decatur, AL 35602
In person: City Hall Tower-2nd Floor, 402 Lee Street, NE, Decatur, AL 35602
Email: Downloaded, completed & signed form to employment@decatur-al.gov

APPLICATION FOR EMPLOYMENT

City Of Decatur
P O Box 1984, Decatur, AL 35602
employment@decatur-al.gov
www.decaturalabamausa.com
An Equal Opportunity Employer

Personnel Board

Date of Application	Position Applied For (Job ID# POINT MALLARD) **SEASONAL EMPLOYMENT**	HR DEPT USE ONLY	Accepted	Rejected
		Citizenship		
		Education		
How did you hear about this job posting? *Please be specific.*	☐ **Newspaper**_____ ☐ **Job Board**_____ ☐ **City Employee** _____ ☐ **Other**_____	Experience		
		Residency		
		Other		

PERSONAL DATA

Last Name:	First Name:	Middle Initial	Social Security Number

Present Mailing/Street Address							
City	County	State	Zip Code	City	County	State	Zip Code

Home Telephone No. (Area Code) Number	Cell Phone No. (Area Code) Number	E-mail Address:

Date you will be able to start work?_____ Can you work nights, weekends, and holidays? ☐ yes ☐ no If no, please explain.

Are you 16 years of age or older? ☐ Yes ☐ No	Have you ever been convicted of a felony? ☐ Yes ☐ No	If yes, explain

Are you a US Citizen? ☐ Yes ☐ No	If no, are you legally authorized to work in the US and can you comply with the following requirement*? ☐ Yes ☐ No

**To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire; or upon your first day of work if your employment period will be less than three (3) days.*

		Do you have a valid driver's license? State_____ License No.:_____	☐ Yes ☐ No
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 discharged for making threats or any incident involving violence?	☐ Yes ☐ No
Position:	Department:	Have you ever been disciplined, discharged for forced to resign for any other reason? If yes, please explain:_____	☐ Yes ☐ No
If yes, reason for leaving:			
Do you have relatives employed with the city of Decatur?	☐ Yes ☐ No If yes, please provide name and 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?	

EDUCATION & TRAINING

High School Name / Address	City	County	State	Zip Code

Graduated ☐ Yes ☐ No	Type of Diploma, Degree, Certificate or Equivalency Diploma

Secondary School Name / Address	City	County	State	Zip Code

Type of School (Check One) ☐ Vocational Schools, Technical Institutes, Community, Military Schools, and junior colleges ☐ All Other Colleges/Universities	Major Field of Study Graduated ☐ Yes ☐ No	Degree/Certificate Type (if no, total credits)	Academic Standing (Overall GPA out of possible total (e.g. 3.2/4.0) or average grade (e.g. B+ or 85%):

Secondary School Name / Address	City	County	State	Zip Code

Major Field of Study:	Graduated: ☐ Yes ☐ No	Degree/Certificate Type (if no, total credits)

Type of School (Check One) ☐ Vocational Schools, Technical Institutes, Community, Military Schools, and junior colleges ☐ All Other Colleges/Universities	Academic Standing (Overall GPA out of possible total (e.g. 3.2/4.0) or average 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_____

EMPLOYMENT RECORD

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			
Supervisor		Supervisor's Position		Hours Per Week:	
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			
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				

Employer:				LENGTH OF EMPLOYMENT	
Address:				FROM:mm/yyyy	TO: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				

Employer:				LENGTH OF EMPLOYMENT	
Address:				FROM:mm/yyyy	TO: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				

Personnel Board

Applicant Consent and Release Form

REFERENCES

Work related references (Do not include relatives)			
CHECK ONE ☐ Occupational Reference ☐ Personal Reference (*only if no Work Reference*)	NAME	OCCUPATION	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE EMAIL	
CHECK ONE ☐ Occupational Reference ☐ Personal Reference (*only if no Work Reference*)	NAME	OCCUPATION	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE EMAIL	
CHECK ONE ☐ Occupational Reference ☐ Personal Reference (*only if no Work Reference*)	NAME	OCCUPATION	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE EMAIL	

CONSENT AND RELEASE - PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that all statements made in this application or interview(s) are true and correct to the best of my knowledge and belief. I understand and agree that any false or misleading information or omission of facts given in my application or interview(s) may be justification for refusal to hire or 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 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 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 reports of every type obtained.

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.

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 questions and statements in this application.

APPLICANT'S SIGNATURE **DATE**

Completed employment application, with resume, must be returned to the City of Decatur Human Resources Department located at City Hall Tower, 402 Lee Street NE, Decatur, AL 35602; mailed to P. O. Box 1984, Decatur, AL 35602; or emailed to employment@decatur-al.gov. The Human Resources Department may be contacted at (256) 341-4890.

We are an Equal Opportunity Employer.
We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability.

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 One) ❒ 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**
- ❒ **Asian**
- ❒ **Black or African American**
- ❒ **Native Hawaiian or Other Pacific Islander**
- ❒ **Hispanic or Latino**
- ❒ **White**

VETERAN STATUS (Please check if it describes your veteran status.)

Are you a veteran? ☐ Yes ☐ No

IMPORTANT NOTICE TO APPLICANT: PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. A COPY OF THIS FORM WILL BE PROVIDED AT ANY TIME UPON REQUEST

NOTICE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICATIONS AND EMPLOYMENT PURPOSES

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.

Personnel Board

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, 402 Lee Street NE, Decatur, AL 35602; 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.

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