

**CITY OF DADEVILLE**  
**APPLICATION FOR EMPLOYMENT**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition handicap.

City of Dadeville is in compliance with ADA Act of 1990.

(Please type or print)

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source: Advertisement: \_\_\_\_\_ Friend: \_\_\_\_\_ Relative: \_\_\_\_\_ Walk-In: \_\_\_\_\_

Employment Agency: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, give date: \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, give date: \_\_\_\_\_

Are you employed now? 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 may be required upon employment)

On what date would you be available to work? \_\_\_\_\_

Are you available to work, \_\_\_\_\_ Full Time, \_\_\_\_\_ Part Time, \_\_\_\_\_ Shift Work, \_\_\_\_\_ Temporary

Are you on Lay-Off subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

Have you ever been under any indictment or currently under indictment from any state or federal court?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

Have you ever had any traffic violations over the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

The City of Dadeville is an equal opportunity employer, M/F/V/H

## Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names, which indicate race, color, religion, sex or national origin.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_, Phone Number: \_\_\_\_\_

Date Employed From: \_\_\_\_\_, To: \_\_\_\_\_

Type Work Performed & Job Title: \_\_\_\_\_

Hourly or Salary Rate: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_, Phone Number: \_\_\_\_\_

Date Employed From: \_\_\_\_\_, To: \_\_\_\_\_

Type Work Performed & Job Title: \_\_\_\_\_

Hourly or Salary Rate: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_, Phone Number: \_\_\_\_\_

Date Employed From: \_\_\_\_\_, To: \_\_\_\_\_

Type Work Performed & Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_, Phone Number: \_\_\_\_\_

Date Employed From: \_\_\_\_\_, To: \_\_\_\_\_

Type Work Performed & Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Education:           Elementary   High School   College/University   Graduate/Professional

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

Years Completed:

(Circle One):       4 5 6 7 8       9 10 11 12       1 2 3 4       1 2 3 4

Diploma/Degree: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Dadeville Police Department

Chief David E. Barbour

## Authorization and Release

I, \_\_\_\_\_, residing at \_\_\_\_\_ have applied for a position as a(n) \_\_\_\_\_ with the City of Dadeville, Alabama. It has been explained to me by an Officer of the Dadeville Police Dept. and I am fully aware that in connection with my application, an investigation will be conducted by the said department to determine my suitability for employment by the said department.

I, \_\_\_\_\_, having filed an application with said department, and fully recognizing the responsibility to the public that only those of high character and ability are admitted to the said department, hereby authorize and request every medical doctor, school official, and every other person, firm, office, corporation, association, organization, or other institution having control of any documents, records or other information pertaining to me relevant to my good moral character and fitness to perform the responsibilities of the position for which I have applied, to furnish the originals or copies of any such documents, records, certificates, letters, and other information including but not limited to any and all medical reports, laboratory reports, x-rays, or clinical abstracts which may have been made or prepared pursuant to, or in connection with, any examination(s), consultation(s), test(s), or evaluation(s) of the undersigned.

I also understand that this information, along with my employment application, Police Department questionnaires, and other request or required forms, certificates, documents, letters, and / or other papers or information including any product of this background investigation and / or my final status as an applicant. I hereby release and exonerate every medical doctor, school official, and every other person, firm, officer, corporation, association, organization, or institution which shall comply in good faith with the authorization and request made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records, and other information or the investigation made by the said department. The undersigned further waives absolutely any privileges or rights to said documents, records, and other information, and fully understands that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**

\_\_\_\_\_  
(Notary Public)

(Seal)