

The City of Opp and The Utilities Board of the City of Opp do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability or status as a protected veteran.



City of Opp/Opp Utilities Board  
EMPLOYMENT APPLICATION  
for POSITION OF \_\_\_\_\_

Only one position per application.

**Applications not filled in completely will not be considered. All questions must be answered. This application will be active for a maximum of 60 days upon receipt.**

Date \_\_\_\_\_

**PERSONAL**

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip Code*

Telephone \_\_\_\_\_  
*Area Code*

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

**JOB INTEREST/SKILLS**

Specific Position Applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Type of Employment Requested: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Summer \_\_\_\_\_

Date you could begin working \_\_\_\_\_

Summarize any special skills or qualifications that you have that apply to this job: \_\_\_\_\_

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

**FOR OUR REFERENCE**

Have you applied for a position here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been employed by the City of Opp/Opp Utilities Board? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete: Department \_\_\_\_\_

Supervisor \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Does the City of Opp/Opp Utilities Board employ any of your relatives? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Department Relative Works In \_\_\_\_\_

Have you ever been known by any other name(s) which the City will require to verify any of the information contained in the application? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name(s) and identify the related school, employer, etc. \_\_\_\_\_

\_\_\_\_\_

List your current or most recent employer first and list each and every employer and accompanying information for the last ten years or from the time you left school if less than ten years. (Please add a supplementary sheet if additional space is required.) Do not list any information you are not required to disclose by law, such as disabilities.

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**EMPLOYMENT HISTORY**

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Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

Phone Number \_\_\_\_\_ May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Worked Performed \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

Phone Number \_\_\_\_\_ May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Worked Performed \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

Phone Number \_\_\_\_\_ May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Worked Performed \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**EDUCATION**

| Type of School        | Name of School<br>City & State | Did you Graduate? | Course of Study | Degree, Diploma,<br>Certificate<br>and Honors Received<br>Graduate<br>or<br>GED<br>(please circle one) |
|-----------------------|--------------------------------|-------------------|-----------------|--|
| High School           |                                |                   |                 |  |
| College or University |                                |                   |                 |  |
| Other Education       |                                |                   |                 |  |
| Other Education       |                                |                   |                 |  |

**SPECIALIZED TRAINING/SKILLS**

Summarize any training, skills, licenses, and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying, if not indicated above.

**MILITARY RECORD**

Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

Date of active service: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Rank at discharge \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Have you ever been convicted of a crime other than a minor traffic violation? (A conviction record will not necessarily be a bar to employment.)

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" please explain and describe in full detail: \_\_\_\_\_

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

The City of Opp/Opp Utilities Board may require that all qualified applicants undergo a post job-offer physical examination, drug screen, background investigation, or other testing prior to employment. The City/Utilities Board will pay the costs of such exams/testing provided the applicant passes such exams/testing and begins work with and remains in the employ of the City/Utilities Board for a minimum of 60 days. If the applicant does not pass the exams/testing or the 60 day requirement is not met, the applicant shall be responsible for paying for such exams/testing charges. The City/Utilities Board may deduct such charges from the employee's final pay or seek recovery by other means. By signing below, you consent to such exams/testing as required prior to employment and agree to repay the City/Utilities Board as outlined above for such costs if you do not pass such exams/testing or if you leave your employment with the City/Utilities Board within the first 60 days.

**REFERENCES (Personal references, not former employers or relatives)**

| Name & Complete Address | Occupation | Home Phone | Other Phone |
|-------------------------|------------|------------|-------------|
|                         |            |            |             |
|                         |            |            |             |
|                         |            |            |             |

**REFERRALS**

How were you referred? Voluntary \_\_\_\_\_ Want Ad \_\_\_\_\_ City/Utility Employee \_\_\_\_\_  
State/Private Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

**SWORN STATEMENT AND AUTHORIZATION**

By signing below, I hereby swear or affirm, under oath, the following:

All the information contained herein is true and correct to the best of my knowledge. I understand that any falsification of this application, whether intentional or not, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired and it is later discovered to be false.

I authorize the City of Opp or The Utilities Board of the City of Opp, through its employees, agents or representatives, to contact any and all references and previous employers, whether listed or not, to obtain employment and/or character or general reputation information on me. I further authorize the City of Opp or The Utilities Board of the City of Opp to run criminal background checks on me. Further, I release the City of Opp/The Utilities Board of the City of Opp and the above mentioned references and employers from any and all liability for any damages that may result from information collected by the City of Opp or The Utilities Board of the City of Opp.

I further acknowledge and understand that no manager or employee or representative of the City of Opp or The Utilities Board of the City of Opp has any authority to enter into any employment contract. I understand and agree that, if I am employed, I will be an employee at will during my probation period and that I may be terminated at any time during such probationary period for any reason, or no reason at all, and that if my employment is continued beyond the probationary period, my employment is subject to the policies and procedures in the Employee Handbook, as amended.

I further understand that my employment is subject to verification of eligibility to work under all applicable laws of the United States and the State of Alabama.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name