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.

Date _____

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.

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 your 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 be 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.

EMPLOYMENT HISTORY

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_____

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_____

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_____

EDUCATION

Type of School	Name of School City & State	Did you Graduate?	Course of Study	Degree, Diploma, Certificate and Honors Received
High School		Yes No		Diploma GED
College or University		Yes No		
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 SATEMENT 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