



CITY OF DOTHAN PERSONNEL DEPARTMENT An Equal Opportunity
P.O. Box 2128 - DOTHAN, ALABAMA 36302-2128 Employer M/F/D
24 - HOUR JOB LINE (334) 793-0309 • PHONE: (334) 793-0151 • FAX (334) 712-2567
Telecommunication Device (TDD) for the speech and/or hearing impaired (334) 792-2378

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION

DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION. You may attach your resume to this application; however, the application must be completed. If you need additional space you may attach sheets to this application. In order to be considered for the position for which you are applying, you must submit a completed application. A sample of a completed application is posted on the Personnel Department bulletin board. **NOTE:** You can apply for only one position on this application. You may supplement this application with copies of certificates, diplomas, licenses, etc; however, **DO NOT SEND ANY PAPERS WHICH YOU WOULD WANT RETURNED.**

1. Read the job announcement. Be sure that your work experience and/or education meet the qualifications described on the position announcement.
2. Read carefully and complete each question and/or statement on the application and/or supplemental application for employment. If the question or statement does not apply to you, write "N/A".
3. Give complete name and address of each school you have attended, and complete each column for record of education.
4. **NOTE: YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:** Give complete dates of employment to include at least the MONTH AND YEAR you started and left the place you worked; and give complete name and mailing address for all places you have worked. If you are listing volunteer work to qualify for a position, an experience block must be completed in the same manner as a paid job.
Give your job title, the name of the person to whom you reported, and a brief reason for leaving each place you have worked or volunteered.
DESCRIBE CLEARLY what you did at each place you have worked. Do not use abbreviations in the description of duties and responsibilities. If you do not describe your work experience, it will not be possible to determine if you meet the requirements of the position for which you are applying. We may verify your description with your former employers. If you had a major change of duties or responsibilities while you worked for the same employer, describe each major change as a separate job. This also applies to applicants listing military experience to qualify for a position. Each time you had a major change in responsibilities it should be listed separately.
Write in each experience block your name at the time you were employed or volunteered, if it is different from the name you currently use. List your name used at that time on the first line under Description of Duties and Responsibilities.
List, in the Personal References section, the name, mailing address (box number is required if a route is given) and telephone number of at least two (2) people {Police Officer and Fire Fighter applicants must list at least three (3) people} who know you. Do not list persons related to you or for whom you have worked in the past.
Sign (in your usual handwriting) and date the "Applicant Certification and Agreement" form; and the "Authorization, Release and Consent" form. If left unsigned, your application will not be considered.
5. If the job announcement states a valid driver's license is required, you must present your driver's license to the receptionist at time of application for verification.
6. If hired you must present proof of identity and employment eligibility as stipulated in TITLE 8, U.S. CODE, SECTION 132A (i.e., driver's license, Social Security Card issued by the Social Security Administration).
7. The City of Dothan verifies past employment, performs background investigations, and administers employment physicals which includes drug/alcohol testing. A photo I.D., with signature, is required for employment physicals.
8. We may request that you complete a Supplemental Application form. If you list work you have done for a company on the supplemental application, and do not list the company on your employment application, you will not receive credit for this work. The same applies to education, courses completed, etc.
9. Applications for the announced position are retained for a period not to exceed two years unless re-advertised. Should it be necessary to re-advertise the position, all previous applicants should reapply. It is the applicant's responsibility to monitor the City of Dothan's 24-hour Job Line (334) 793-0309. REMINDER: You may apply for only one position on this employment application.
10. You must notify us immediately if your address or any of the telephone numbers you have listed changes. (Note: Completing a U.S. Postal Service forwarding of address form does not release you from notifying us immediately if your address changes). Your name will be removed from consideration for this position if we cannot contact you within a reasonable length of time.
11. Applicants applying for positions in the Police Department must also complete form #PF281.
12. The City of Dothan is a public employer. Employment applications, resumes, and contents thereof, are a matter of public record. (Chambers v. Birmingham News Company, 552 S. 2d 854 (Ala. 1989))
13. Please advise the Personnel Department's staffperson issuing and/or receiving your application, if you will need assistance and/or accommodation to participate in the application process. For example accommodations for a test, a job interview, or a job demonstration.

APPLICATION FOR CITY OF DOTHAN EMPLOYMENT - PF #105

Type, print or write plainly so that your application will be legible when reproduced (black type, black or dark blue ballpoint pen).

GENERAL INFORMATION

1. What job are you applying for? Give job title and announcement number

2. Social Security Number
(needed for employ/background investigations.)

3. Home Phone
Area Code + Number

()

4. Work Phone
Area Code + Number

()

5. Name and Telephone Number of Another
Point of Contact

()

6. Driver's License Number Expiration Date

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7. Driver's License State/Class/Restrictions

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Endorsements If Any:

8. Your Name (Last, First, Middle)

9. Is use of another name necessary to check your work record? If yes, please explain:

10. Mailing address

No. Street:

City/State/Zip +4:

Street Address if different from Mailing Address:

11. Are you currently employed by the City of Dothan? Yes No

If yes, give your job title and department:

12. Have you ever worked for the City ? Yes No

If yes, list dates and department:

a. Have you ever been dismissed from the City ? Yes No

13. Are you willing to work weekends, shifts or rotating shifts? Yes No

14. Are you related to anyone on the Board of City Commission or a Department Head? Yes No

If yes, list name(s), department and *explain* relationship:

15. Have you ever been discharged from another job for cause? Yes No

If yes, explain (Give dates, employers and details. Attach a separate sheet of paper if necessary):

16. Do you hold any political office? (The Civil Service Act of Dothan and Alabama Law prohibits City employees from holding local, City of Dothan, political office) Yes No

If yes, title of office:

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{Date(s) of changes, addition, updates, notes, etc.}

DD214 Y N N/A

17. Have you reached your 18th Birthdate? Yes No If hired, can you furnish proof of age? Yes No

MILITARY SERVICE

18. Have you ever served in the United States Military Service? Yes No

If Yes, all police officer applicants must submit a copy of their DD FORM 214 at time of application; and/or if you are applying for other positions and you wish credit for applicable military service, you must provide, at the time of application, a complete copy of your DD FORM 214(s) for all active duty entry and ending dates. There will be no extension of this time limit.

RECORD OF EDUCATION

19. Did you graduate from high school (If you have a GED high school equivalence answer yes)? Yes No

Name and address of school where graduated or received GED: _____

20. If you did not graduate from high school, (or do not possess a GED certificate), indicate highest school grade completed: _____

Name and address of school: _____

21. POST SECONDARY EDUCATION

NAME OF SCHOOL/TRAINING/COURSES (CITY, STATE, ZIP CODE)	COLLEGE MAJOR/ CHIEF SUBJECTS TRAINING, COURSES, ETC.	# OF CREDITS/HOURS COMPLETED. INDICATE SEMESTER OR QUARTER	DEGREE/ CERTIFICATE RECEIVED
1) _____			
2) _____			
3) _____			
4) _____			

(More related courses? Attach a sheet of paper or list in question #23)

22. WORK EXPERIENCE

LIST MOST RECENT JOB FIRST. We will provide you with additional experience blocks if necessary. (NOTE: If you use military experience to meet the qualifications for the position you are applying for, month and year you began performing the qualifying duties, and month and year ended must be specified - not your entire tour of duty.) Applicants may also list volunteer experience that relate to the qualifications.

1) Name and address of employer (include Zip Code)	Dates employed (give month and Year)	Average number of hours per week
	From: _____ To: _____	
	Salary or earnings	Exact title of your job
	Starting \$ _____ per _____ Ending \$ _____ per _____	
Type of Business	Your reason for leaving or wanting to leave	
Work Area Code and Phone Number (_____)	Name of your immediate supervisor	
Description of primary duties and responsibilities:		

Other Duties:		

2) Name and address of employer (include Zip Code)	Dates employed (give month and Year)	Average number of hours per week
	From: _____ To: _____	
	Salary or earnings	Exact title of your job
	Starting \$ _____ per _____ Ending \$ _____ per _____	
Type of Business	Your reason for leaving or wanting to leave	
Work Area Code and Phone Number (_____)	Name of your immediate supervisor	
Description of primary duties and responsibilities:		

Other Duties:		

3) Name and address of employer (include Zip Code)	Dates employed (give month and Year)	Average number of hours per week
	From: _____ To: _____	
	Salary or earnings	Exact title of your job
	Starting \$ _____ per _____ Ending \$ _____ per _____	
Type of Business	Your reason for leaving or wanting to leave	
Work Area Code and Phone Number (_____)	Name of your immediate supervisor	
Description of primary duties and responsibilities:		

Other Duties:		

WORK EXPERIENCE CONTINUED

4) Name and address of employer (include Zip Code)	Dates employed (give month and Year)	Average number of hours per week
	From: _____ To: _____	
	Salary or earnings	Exact title of your job
	Starting \$ _____ per _____	
	Ending \$ _____ per _____	
Type of Business	Your reason for leaving or wanting to leave	
Work Area Code and Phone Number (_____)	Name of your immediate supervisor	
Description of primary duties and responsibilities:		

Other Duties:		

5) Name and address of employer (include Zip Code)	Dates employed (give month and Year)	Average number of hours per week
	From: _____ To: _____	
	Salary or earnings	Exact title of your job
	Starting \$ _____ per _____	
	Ending \$ _____ per _____	
Type of Business	Your reason for leaving or wanting to leave	
Work Area Code and Phone Number (_____)	Name of your immediate supervisor	
Description of primary duties and responsibilities:		

Other Duties:		

6) Name and address of employer (include Zip Code)	Dates employed (give month and Year)	Average number of hours per week
	From: _____ To: _____	
	Salary or earnings	Exact title of your job
	Starting \$ _____ per _____	
	Ending \$ _____ per _____	
Type of Business	Your reason for leaving or wanting to leave	
Work Area Code and Phone Number (_____)	Name of your immediate supervisor	
Description of primary duties and responsibilities:		

Other Duties:		

MORE JOBS? PLEASE ASK THE RECEPTIONIST FOR ADDITIONAL EXPERIENCE FORMS.

23. List awards, honors, other skills, qualifications, or comments which would assist us in evaluating your application. If you use this space to continue an answer to a question please indicate the question number.

24. PERSONAL REFERENCES

(DO NOT LIST RELATIVES OR PAST EMPLOYERS)

1) NAME AND OCCUPATION: _____ AREA CODE & TELEPHONE NO. _____
ADDRESS: _____

2) NAME AND OCCUPATION: _____ AREA CODE & TELEPHONE NO. _____
ADDRESS: _____

3) NAME AND OCCUPATION: _____ AREA CODE & TELEPHONE NO. _____
ADDRESS: _____

4) NAME AND OCCUPATION: _____ AREA CODE & TELEPHONE NO. _____
ADDRESS: _____

APPLICANT CERTIFICATION AND AGREEMENT

Read Carefully

I hereby certify that I have read, have had read to me, or have had explained to me, the Instructions pertaining to this application and that all statements made by me in this application are true and correct to the best of my knowledge and belief. I am further aware that willfully withholding information or making false statements on this application will be a basis for denial of a position prior to employment, and should such willful withholding or false statement become evident after employment, such evidence will constitute sufficient grounds for dismissal from employment with the City of Dothan. I understand all appointees serve a probationary (working test) period, during which time I must demonstrate my fitness for and ability to continue my employment with the City, and further, that any appointment offered to me will be contingent upon my passing a complete physical examination at my own expense. In addition I understand that the City of Dothan shall reserve the right to require a physical examination at City expense at any time to determine my ability to perform the work required of the position. I agree that this application and all papers in connection with it as well as results of any physical examination conducted in relation to my employment shall be confidential records of the Personnel Department subject to inspection by the Appointing Authority, as provided in the rules and regulations and to my personal inspection. I hereby release to the Personnel Department any and all information and/or records needed to determine my fitness for the position. I understand that this application for employment does not constitute an offer of employment or a contract of employment, either written or implied. I fully understand and agree to these conditions. I also understand that this application is being accepted by the City of Dothan's Personnel Department for the position listed under item number one (1) only. I further understand that this application is active, for this position, for a period not to exceed two years unless re-advertised. Should it be necessary to re-advertise the position, I must reapply (submit another application) in order to be eligible for employment consideration. I understand that as an applicant for a position with the City of Dothan, all previous and present employers are subject to be contacted. The City cannot honor an applicant's request of non-notification of past or present employers.

USUAL SIGNATURE OF APPLICANT

DATE SIGNED

25. AUTHORIZATION, RELEASE AND CONSENT FORM

A false statement on any part of your application may be grounds for not hiring you, or for termination of your employment after you begin work:

I understand that any information I give may be investigated as allowed by law. I authorize and consent to the release of information and records about my ability and fitness for employment with the City of Dothan, to include medical information and records of law enforcement agencies, former and present employers, schools, hospitals, physicians, clinics, medical associations and other individuals and organizations, to personnel staffing specialists, and other authorized employees of the City of Dothan, Alabama. I certify that to the best of my knowledge and belief, all of my statements on employment applications and related employment papers are true, correct, complete, and made in good faith.

I hereby release the aforementioned persons, corporations, agencies, associations and their employees, agents and representatives from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance with this authorization.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to the City of Dothan Personnel Department, information or photocopies from my military personnel and related medical records, or only the following information/records_____. This could include a photocopy of my DD Form 214, Report of Separation.
(Specify)

I understand that according to City of Dothan policy, I am required to submit a sample of my urine for chemical analysis. I understand that this analysis will be conducted by qualified laboratory personnel. The purpose of this analysis is to determine or rule out the presence of illegal substances and/or the illegal use of controlled substances in my urine.

I consent freely and voluntarily to this request for a urine specimen. I hereby and herewith release the City of Dothan and City of Dothan Personnel Department, their employees, agents and contractors from any liability whatsoever arising from this request to furnish this urine sample, the testing of the urine sample and decisions made concerning my application for employment or continued employment based upon the results of the analysis.

I understand a documented chain of specimen custody exists to safeguard the identity and integrity of my sample throughout the collection and testing process.

A COPY OF THIS SIGNED AUTHORIZATION, RELEASE AND CONSENT SHALL BE AS EFFECTIVE AS THE ORIGINAL.

NOTICE TO APPLICANT: FAILURE TO SIGN THIS AUTHORIZATION, RELEASE AND CONSENT DISCONTINUES THE APPLICATION AND/OR EMPLOYMENT PROCESS.

USUAL SIGNATURE OF APPLICANT

DATE SIGNED

(ALL CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS:)

Print Full Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
(STREET/RR#) CITY/STATE ZIP + 4

Social Security Number: _____

BACKGROUND INFORMATION

26. Have you been convicted of a crime or any other offense other than minor traffic violations within the past five (5) years, or do you currently have charges pending against you? Yes No

If yes, explain nature of conviction (conviction records will not necessarily be a bar to employment): Factors such as age at time of offense, seriousness and nature of offense, etc., will be considered.

27. The information requested below is used solely for equal employment opportunity reporting, personnel research, and for bona fide occupational qualifications, or other legal permissible reasons:

1) Date of Birth: _____
Month/Day/Year

2) Male Female

3) Racial or ethnic group (Check one)

- American Indian
- Asian or Pacific Islander
- Black
- Hispanic
- White

4) What prompted you to apply for City Employment?

- (1) Newspaper
- (2) AL St. Employment Agency
- (3) Bulletin Board
- (4) Self Initiated
- (5) City Employee
- (6) Community Announcement
- (7) Other (specify)
- (8) Job Line
- (9) College Placement
- (10) Internet

5) Disabled? Yes No

6) Eligible to work in the U.S.A.? Yes No

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APPLICANT #

POSITION ANNOUNCEMENT NUMBER CLOSING DATE

DATE OF APPLICATION (STAMP DATE RECEIVED HERE)

POSITION

THIS PAGE WILL BE REMOVED FROM YOUR EMPLOYMENT APPLICATION