

Please complete the entire application and answer every question that applies to you.



# EMPLOYMENT APPLICATION

Return To: CITY OF SELMA  
PERSONNEL DEPARTMENT  
P. O. Box 450  
222 Broad Street  
Selma, AL 36702-0450

Position Applied For:

1)	_____
2)	_____
Department::	_____
1)	_____
2)	_____

Full Name \_\_\_\_\_

First Middle Last

Mailing Address \_\_\_\_\_

Number Street/Route County City State Zip Code

Former Residence: \_\_\_\_\_

Telephone Number: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Area Code Area Code Area Code

Date of Birth: (Provide only if applying for Firefighter or Police Officer) \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_

Are you age 18 or older? \_\_\_\_ Yes \_\_\_\_ No. If hired, can you provide evidence of legal eligibility to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No. An offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.

Have you ever been convicted of a felony and/or misdemeanor other than a minor traffic offense? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain fully (What, Where, When & Results (for example, paid fine, served time).

*Conviction will not necessarily disqualify an applicant from employment. All circumstances will be considered.*

**Military:**

Have you served in the military? \_\_\_\_ Yes \_\_\_\_ No. What type of training/experience or education did you receive in the military?  
\_\_\_\_\_

Branch of Service: \_\_\_\_\_ Number of years served: \_\_\_\_\_ Rank When discharged: \_\_\_\_\_

ARE YOU SEEKING \_\_\_\_ FULL-TIME \_\_\_\_ PART-TIME \_\_\_\_ FULL-TIME OR PART-TIME \_\_\_\_ TEMPORARY

How did you learn of this position? (Check those that apply to you)

____ Newspaper Ad	____ State Employment Office	____ Walk-in	____ Friend/Relative	____ Job Posting
____ City's Bulletin Board	____ Radio Announcement	____ City Employee	____ Selma Career Center	____ City's Website
____ College Placement Center	____ High School Counselor			

Other, please specify \_\_\_\_\_

**Equal Opportunity Employer**

The City of Selma provides a public personnel system based on merit principles. It strives for improvement of public service by employing and developing the best qualified people available. Every job applicant is rated solely on his or her ability without regard to religion, race, color, creed, gender, political beliefs or disability.

Are you now employed? \_\_\_\_ (YES) \_\_\_\_ (NO) May we contact this Employer? \_\_\_\_ (YES) \_\_\_\_ (NO)  
Have you ever been employed by the City of Selma? \_\_\_\_ (YES) \_\_\_\_ (NO) If yes, give dates of employment and the Department where you worked: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
Include details of such employment in the sections below. Use back of page if more space is needed.

Have you ever been involuntarily terminated, discharged, forced to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job? \_\_\_\_ (YES) \_\_\_\_ (NO) If yes, provide an explanation below:

**WORK HISTORY** (Complete all blanks legibly)

Start with your current or last job and work back. Be specific about the duties you performed in each job. If you changed jobs and/or titles at the same employer, list separately. Include experience in military. *You may submit resume along with completed application.*

**1. Current or Last Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

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

From: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ TO: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Number Hours per Week \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ May we contact this employer? (Yes) (No)  
Reason for Leaving: \_\_\_\_\_

Number of employees you supervised on a regular basis: \_\_\_\_\_ Equipment you operated: \_\_\_\_\_

Name, Title and Telephone Number of Supervisor: \_\_\_\_\_  
Describe Your Duties in Detail: \_\_\_\_\_

**2. Employer** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

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

From: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ To: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Number Hours per Week \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ May we contact this employer? \_\_\_\_ (Yes) \_\_\_\_ (No)  
Reason for Leaving: \_\_\_\_\_

Number of employees you supervised on a continuous basis: \_\_\_\_\_ Equipment you operated: \_\_\_\_\_

Name, Title and Telephone Number of Supervisor: \_\_\_\_\_  
Describe Your Duties in Detail: \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title: \_\_\_\_\_

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

From: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ To: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Number Hours per Week \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ May we contact this employer? \_\_\_ (Yes) \_\_\_ (No)

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

Number of employees you supervised on a regular basis: \_\_\_\_\_ Equipment you operated: \_\_\_\_\_

Name, Title and Telephone Number of Supervisor: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Employer \_\_\_\_\_ Job Title: \_\_\_\_\_

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

From: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ To: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Number Hours per Week \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ May we contact this employer? \_\_\_ (Yes) \_\_\_ (No)

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

Number of employees you supervised on a regular basis: \_\_\_\_\_ Equipment you operated: \_\_\_\_\_

Name, Title and Telephone Number of Supervisor: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION

High School Diploma or GED? \_\_\_ Yes \_\_\_ No  
Date/Place Rec'd GED: (Submit Certificate)

Circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12  
Name/Location of Last School Attended:

PROVIDE INFORMATION ON SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. If on-line indicate by Asterisk\*

Name and Location of College/University, Other:	Dates of attendance		Credit Hours		Did you Graduate?		Type of Degree and Date	Major
	Month/Year From	To	Earned Sem.	Qtr.	Yes	No		
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Are you now working towards a college degree (Bachelor's Graduate, or Special)? \_\_\_ Yes \_\_\_ No  
If YES, name of Degree and Expected date of receipt \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**SPECIAL TRAINING** (Correspondence, Business, Trades, Vocational, Armed Forces, etc.) - Submit copy

**PROFESSIONAL LICENSE And/ OR CERTIFICATE (i.e., CDL, etc)**

License/Certificate Issued By \_\_\_\_\_ Field / Trade/Specialization \_\_\_\_\_ License/Certificate No. \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Give title or kind of licenses or permits in the space above.

Do you hold a current valid Alabama Driver's License?  Yes  No. License Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you skilled in the operation or maintenance of any kind of equipment? If yes, name the type of machines or equipment and the years of experience: \_\_\_\_\_

**ADDITIONAL PAID WORK EXPERIENCE**

Please ask for a supplemental page if you need more available space.

FROM	TO	Hours per Week	Employer Name & Address	Last Salary Per _____	Job Title and Duties

**LIST ANY VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT**

DATES (Month & Year) From: TO:	Where did you volunteer?	Description of activities or volunteer work

List any relatives presently employed by the City of Selma in any capacity:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Department: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I hereby certify that I have never been a member of any organization or group which seeks to alter the form of government of the United States by unconstitutional means. I further certify that all answers to the above questions are true, correct and complete and I understand that any misstatement of material facts contained in this application, regardless of time of discovery, will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the City of Selma, Alabama. I understand that all information on this application is subject to verification and I consent to background checks and employment checks. I understand that this application shall be a confidential record of the personnel department subject to inspection of the appointing authority as provided by the rules and regulations and to my personal inspection.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**For Personnel Use Only:**

**Applicant Voluntary Self-Identification Form**  
**(Race or Ethnicity Self-Identification)**

The City of Selma is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, you are invited to voluntarily self-identify your race or ethnicity. Providing this information is voluntary and refusal to provide will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to federal government for civil rights enforcement.

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

Date: \_\_\_\_\_

Position applied for: List only one. \_\_\_\_\_

Please check the box that most accurately describes your race or ethnicity: Check only one box.

- Black or African American (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian/Pacific Islander
- White (Not Hispanic or Latino)
- Two or More Races

Thank you for your cooperation.

Applicant's Name: \_\_\_\_\_

**Computer Skills:**

Level (check appropriate box)

	Beginning	Intermediate	Advanced
Microsoft Word			
Microsoft Excel (incl. formulas)			
PowerPoint			
Other Software Packages (List below)			

**Accounting Skills:**

List formal Accounting courses taken:

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

Other experience: (i.e., payroll, GL, etc.)

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



City of Selma  
P.O. Box 450  
222 Broad Street  
Selma, AL 36702-0450

## AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, \_\_\_\_\_, do hereby authorize the City of Selma or any other authorized representative bearing this release to obtain any information or records from my files pertaining to my employment, military and educational records. I further state that I will not hold you, your firm, or its officers liable for release of this information.

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

\_\_\_\_\_  
Date

Authorized Person Receiving Information:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature



## CITY OF SELMA DRUG ABUSE POLICY

Drug abuse while at work or otherwise, seriously endangers the safety of employees and the general public and creates a variety of work place problems including increased injuries on the job, increased absenteeism, increased health and benefit costs, increased work theft, decreased morale, decreased productivity, and a decline in the quality of services provided by the city. As a condition of employment, the city routinely screens job applications for drug use in order to avoid the problems associated with drug abuse.

Job applicants are required to submit to drug testing at or near the final stage of the hiring process. Any offer of employment will be conditional upon a negative drug test result.

The policy is contained in Rule 8 of the City of Selma personnel rules and regulations which is available for your review.

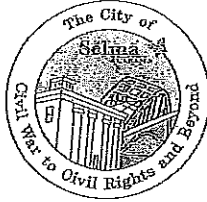
I have read and understand the paragraphs above.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

FOR EMPLOYEE SERVICES USE ONLY  
TEST RESULTS: (If Applicable)

COMMENTS:





CITY OF SELMA PERSONNEL DEPARTMENT  
P.O. BOX 450  
222 Broad Street  
Selma, Alabama 36702-0450

To: \_\_\_\_\_ From: Human Resources  
Director – (334) 874-5328

\_\_\_\_\_ has made application for a job with the City of Selma. Your cooperation in providing us with the information listed below would be greatly appreciated. For your convenience, we have enclosed a stamped, self-addressed envelope.

Please indicate your rating by checking the appropriate column:

	Excellent	Good	Average	Unsatisfactory
Attendance and Punctuality	_____	_____	_____	_____
Ability to Communicate	_____	_____	_____	_____
Cooperation with Others	_____	_____	_____	_____
Ability to accept Instructions	_____	_____	_____	_____
Ability to use Proper judgment	_____	_____	_____	_____
Effective Use of Time	_____	_____	_____	_____

Employment Dates: FROM: \_\_\_\_\_ TO \_\_\_\_\_

Position Held \_\_\_\_\_

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

Is this individual eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Reference Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize the above person or Organization to provide The City of Selma with any relevant information that may be required to arrive at an employment decision. I release you as the custodian of such records from any and all liability as a result of compliance with this request.

✕ Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ ✕ Date \_\_\_\_\_



The City of Selma provides a public personnel system based on merit principles. It strives for improvement of public service by employing and developing the best qualified people available. Every job applicant is rated solely on his or her ability without regard to religion, race, color, creed, gender, political beliefs or disability.

Are you now employed? \_\_\_\_ (YES) \_\_\_\_ (NO) May we contact this Employer? \_\_\_\_ (YES) \_\_\_\_ (NO)  
Have you ever been employed by the City of Selma? \_\_\_\_ (YES) \_\_\_\_ (NO) If yes, give dates of employment and the Department where you worked: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
Include details of such employment in the sections below. Use back of page if more space is needed.

Have you ever been involuntarily terminated, discharged, forced to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job? \_\_\_\_ (YES) \_\_\_\_ (NO) If yes, provide an explanation below:

**WORK HISTORY** (Complete all blanks legibly)

Start with your current or last job and work back. Be specific about the duties you performed in each job. If you changed jobs and/or titles at the same employer, list separately. Include experience in military. *You may submit resume along with completed application.*

**1. Current or Last Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

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

From: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ To: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Number Hours per Week \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ May we contact this employer? (Yes) (No)  
Reason for Leaving: \_\_\_\_\_

Number of employees you supervised on a regular basis: \_\_\_\_\_ Equipment you operated: \_\_\_\_\_

Name, Title and Telephone Number of Supervisor: \_\_\_\_\_  
Describe Your Duties in Detail: \_\_\_\_\_

**2. Employer** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

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

From: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ To: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Number Hours per Week \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ May we contact this employer? \_\_\_\_ (Yes) \_\_\_\_ (No)

Reason for Leaving: \_\_\_\_\_  
Number of employees you supervised on a continuous basis: \_\_\_\_\_ Equipment you operated: \_\_\_\_\_

Name, Title and Telephone Number of Supervisor: \_\_\_\_\_  
Describe Your Duties in Detail: \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title: \_\_\_\_\_

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

From: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ To: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Number Hours per Week \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ May we contact this employer? \_\_\_ (Yes) \_\_\_ (No)

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

Number of employees you supervised on a regular basis: \_\_\_\_\_ Equipment you operated: \_\_\_\_\_

Name, Title and Telephone Number of Supervisor: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_

4. Employer \_\_\_\_\_ Job Title: \_\_\_\_\_

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

From: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ To: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Number Hours per Week \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_ May we contact this employer? \_\_\_ (Yes) \_\_\_ (No)

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

Number of employees you supervised on a regular basis: \_\_\_\_\_ Equipment you operated: \_\_\_\_\_

Name, Title and Telephone Number of Supervisor: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_

EDUCATION

High School Diploma or GED? \_\_\_ Yes \_\_\_ No  
Date/Place Rec'd GED: (Submit Certificate)

Circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12  
Name/Location of Last School Attended:

PROVIDE INFORMATION ON SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. If on-line indicate by Asterisk\*

Name and Location of College/University, Other:	Dates of attendance		Credit Hours		Did you		Type of Degree and Date	Major
	Month/Year		Earned		Graduate?			
	From	To	Sem.	Qtr.	Yes	No		
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Are you now working towards a college degree (Bachelor's Graduate, or Special)? \_\_\_ Yes \_\_\_ No.  
If YES, name of Degree and Expected date of receipt \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Applicant Voluntary Self-Identification Form**  
**(Race or Ethnicity Self-Identification)**

The City of Selma is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, you are invited to voluntarily self-identify your race or ethnicity. Providing this information is voluntary and refusal to provide will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to federal government for civil rights enforcement.

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

Position applied for: List only one. \_\_\_\_\_

Please check the box that most accurately describes your race or ethnicity: Check only one box.

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- American Indian or Alaska Native (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian/Pacific Islander
- White (Not Hispanic or Latino)
- Two or More Races

Thank you for your cooperation.

Applicant's Name: \_\_\_\_\_

**Computer Skills:**

Level (check appropriate box)

	Beginning	Intermediate	Advanced
Microsoft Word			
Microsoft Excel (incl. formulas)			
PowerPoint			
Other Software Packages (List below)			

**Accounting Skills:**

List formal Accounting courses taken:

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

Other experience: (i.e., payroll, GL, etc.)

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



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

\_\_\_\_\_  
Date

Authorized Person Receiving Information:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature



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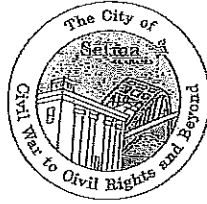
I have read and understand the paragraphs above.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

FOR EMPLOYEE SERVICES USE ONLY  
TEST RESULTS: (If Applicable)

COMMENTS:





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Director -- (334) 874-5328

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	Excellent	Good	Average	Unsatisfactory
Attendance and Punctuality	_____	_____	_____	_____
Ability to Communicate	_____	_____	_____	_____
Cooperation with Others	_____	_____	_____	_____
Ability to accept Instructions	_____	_____	_____	_____
Ability to use Proper judgment	_____	_____	_____	_____
Effective Use of Time	_____	_____	_____	_____

Employment Dates: FROM: \_\_\_\_\_ TO \_\_\_\_\_

Position Held \_\_\_\_\_

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

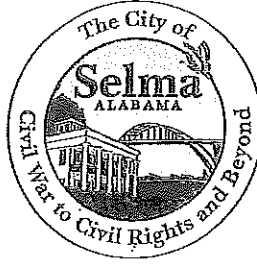
Is this individual eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I authorize the above person or Organization to provide The City of Selma with any relevant information that may be required to arrive at an employment decision. I release you as the custodian of such records from any and all liability as a result of compliance with this request.

Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_



**Notification and Authorization to Release Criminal Information for Employment Purposes**

**Notification**

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years.

**Authorization**

I hereby authorize the City of Selma to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist the city in collecting this information.

Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for city employees, and citizens.

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

Department: \_\_\_\_\_

Please print (for identification purposes):

Full Legal Name: \_\_\_\_\_  
First Middle Last

Other Names You Have Used in Past Seven Years: \_\_\_\_\_

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

Previous Address (most recent): \_\_\_\_\_

Addresses in the 7 years prior to completing this authorization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_

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

Have you ever been convicted of a criminal \*offense or have any pending criminal\* charges against you?

\*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes \_\_\_\_\_ (provide detail on next page) No \_\_\_\_\_

To the best of my knowledge, the information provided in this Notice and Authorization, and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with the City of Selma. By signing below I hereby provide my authorization to the City of Selma (Police Department) to conduct a criminal background check.

Signature \_\_\_\_\_

Date \_\_\_\_\_