



City of Prichard
 216 East Prichard Avenue
 Prichard, AL 36610
 (251) 452-7800 Fax: (251) 452-2875
"The City of Champions"

Hon. Jimmie Gardner
Mayor

James Blackman
 Administrative Assistant

Suzette M. Moore
 H. R. Coordinator

EMPLOYMENT APPLICATION

APPLICANT INFORMATION				DATE:	
Last Name:	First:	M.I. :	D.O.B. :		
Street Address:			Apartment/Unit #:		
City:		State:		Zip Code:	
Phone: ()		E-mail Address:			
Date Available:			Desired Salary:		
Position Applied for:				Are you a current Merit System employee? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a United States citizen?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the United State? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	
EDUCATION					
High School:			Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma <input type="checkbox"/> or GED <input type="checkbox"/>
College/ University:			Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:			Address:		
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
REFERENCES					
<i>Please list at least one professional reference.</i>					
Full Name:		Relationship:		Phone: ()	
Company:			Address:		
Full Name:		Relationship:		Phone: ()	
Company:			Address:		
MILITARY					
Have you ever served in the U.S. Military?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, what Branch?	

Are you a Veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT

Company:	Phone: ()	
Address:	Supervisor:	
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company:	Phone: ()	
Address:	Supervisor:	
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company:	Phone: ()	
Address:	Supervisor:	
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

In addition, I authorize the City of Prichard to investigate my personal, employment and educational history.

Signature : _____ Date: _____

*The City of Prichard provides equal employment opportunity to everyone without regard to race, color, religion, sex (including pregnancy, childbirth and related medical conditions), national origin, age (40 or over), citizenship, status of a disabled veteran or veteran of the Vietnam Era. The City of Prichard provides equal employment opportunities for qualified disabled individuals. This Application must be completed in full, signed and dated. Applications not meeting these requirements will **not** be considered.*