



SMALL TOWN, BIG BEACH™

EMPLOYMENT APPLICATION PACKET

“The policy of the City of Gulf Shores prohibits any employment practice which in any way discriminates or tends to discriminate against any person, employee, or applicant for employment with respect to compensation, terms, conditions or privileges of employment because of an individual’s race, color, religion, national origin, marital status, eligibility for military service, gender, disability or age as prohibited by law.”

Application Policy:

1. Applications are accepted only for advertised/open positions during the open dates.
2. A new application is required for each position.
3. Applications submitted for positions that have a continuous recruitment will be kept on file for 90 days.
4. Resumes are accepted only with a completed application.
5. Incomplete, invalid or late applications may not be considered and will not be returned.
6. The City of Gulf Shores accepts no responsibility or liability for late or invalid applications.
7. You have several options for sending us the application:
 - a) Mail to Human Resources Division, P.O. Box 299, Gulf Shores, AL 36547
 - b) E-mail to Michelle Holm– mholm@gulfshoresal.gov
 - c) Drop it off at the personnel office located at 1905 West 1st Street, Gulf Shores, AL 36542.

All applications for employment with the City of Gulf Shores must include the following four (4) documents:

- I. City of Gulf Shores Application
- II. Questionnaire
- III. Previous Employment Verification Request – BE SURE TO SIGN
- IV. Voluntary Identification Form – THIS IS A VOLUNTARY FORM AND NOT MANDATORY

Do not leave any blank spaces. If a question does not apply to you, enter "N / A". In addition, please print legibly in black ink.

I. CITY OF GULF SHORES APPLICATION

(The following numbers apply to "block" numbers on the application form)

1. List the position title as listed on the job posting. A **NEW APPLICATION** must be submitted for each position.
2. List the date you returned the completed application to the Personnel office.
3. Write your last name, first name, and your middle name. In addition, list all other names you have gone by. Do not list nicknames.
4. Write your complete mailing address. Do not abbreviate.
5. Write your complete e-mail address.
6. Write your home phone number including area code.
7. Write your work phone number including area code.
8. List an alternate phone number at which you may be reached (i.e., relative, pager, cell phone).
9. Answer "Yes" or "No".
10. Answer "Yes" or "No".
11. At a minimum, you must provide a copy of any degree, diploma or certificate (including transcripts) that is required by the Classification Specification of the job for, which you are applying. Copies should be made before submitting the application.
 - 11a. Answer "Yes" or "No" and list the year that you received the diploma/ certificate.
 - 11b. Check the box that corresponds to the number of years of post-high school education that you have completed.
 - 11c. If you are currently continuing your education, indicate what type of degree/program you are in and the expected completion date.
 - 11d. Write the name and location of the education institutions you have attended. List the type of degree received, list your major or specialty, and list the dates attended for each education institution.
12. List all skills, abilities, special certifications, licenses, special training, or courses that are applicable to the position for which you are applying. Include computer skills, equipment, and machinery you operate. Copies of certifications must be submitted with the application to receive credit.

13. List your entire employment history. You **MUST** account for any gaps in your employment history. An additional employment record form has been included in the packet. Please copy this form if additional space is needed.

13a. List your current or most recent employment first, beginning with your job title, starting annual salary, ending annual salary, name & title of your immediate supervisor, and the number of employees you supervised. List the employer or company name, the address of the company, date employed, phone number (include area code), and date left (separated). List all job duties, number of hours worked per week, and the reason you left the company. Indicate "Yes" or "No" if we may contact each employer. If "No", explain why you do not wish for us to contact. Please apply these instructions to each box in item 13 in addition to the "Previous Employment Addendum".

14. Complete this section **ONLY** if the position for which you are applying requires a motor vehicle license. If the position does not require a motor vehicle license, enter "N/ A".

14a. List the type of motor vehicle license you currently carry (i.e., operator, chauffer, commercial).

14b. List the class. This information can be found on your driver's license.

14c. Write your driver's license number.

14d. List any restrictions (i.e., corrective lenses, side mirrors, etc.).

14e. Indicate whether or not your license has ever been suspended. If you answer "Yes", you must provide an explanation.

14f. List the current status of you driver's license (i.e., current, suspended, revoked, etc.).

15. List your military experience. You must provide a copy of your DD214 (release from active duty) to receive credit for military experience.

15a. Enter the date you enlisted and the date you were discharged.

15b. Enter "Active Duty", "Reserve", or "National Guard".

15c. List the branch of service in which you served.

15d. List the type of discharge you received.

15e. List the reason for your discharge.

16. Describe any training, education, or experience you received in the military that is related to the position for which you are applying.

17. Describe any experience you have in public service including where, what capacity, and length of service.

18. List any professional, trade, business or civic activities and offices held.

19. You must list three (3) references. Do not include family members or past supervisors.

19a. List their full name.

19b. List their work telephone number (include area code).

19c. List their home telephone number (include area code).

19d. List their occupation. (i.e., doctor, lawyer, pastor, etc.)

20. Be sure to read the statement, sign, and date the application.

II. QUESTIONNAIRE

Your answers do not necessarily disqualify you from being considered for employment. Read each question and answer "Yes" or "No". If you answer "Yes", provide an explanation in the space below the question. Sign and date this questionnaire.

III. PREVIOUS EMPLOYMENT VERIFICATION REQUEST

TO BE COMPLETED UPON REQUEST FROM DEPARTMENT DURING THE INTERVIEW PROCESS

Please complete one (1) form for each employer you listed in Block 13 of the City of Gulf Shores Employment Application and have given us permission to contact. You may make additional copies of this form. Complete ONLY the shaded areas of the form. Sign the liability release at the bottom of the form.

IV. VOLUNTARY IDENTIFICATION FORM

This is a voluntary form used by our office for data collection purposes. If you choose not to complete this form, it will not affect your application.

Applicant Name (Printed) _____

Applicant Initials & Date _____

13. Employment-Record your complete work history in the spaces below. Begin with your current and most recent employer first. Make copies of this page and attach as many sheets as is necessary to account for your full record. You must also account for any gaps in your employment history. Related volunteer experience should also be listed.

Current or most recent employment (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____
Name & title of immediate supervisor _____ # of employees you supervised _____
Employer or company _____ Address _____
Date employed _____ Phone Number _____
Date separated _____ Duties _____
Hours per week _____
Reason for leaving _____
May we contact this employer? Yes No If "No," why not? _____

A. Next most recent employment (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____
Name & title of immediate supervisor _____ # of employees you supervised _____
Employer or company _____ Address _____
Date employed _____ Phone Number _____
Date separated _____ Duties _____
Hours per week _____
Reason for leaving _____
May we contact this employer? Yes No If "No," why not? _____

C. Next most recent employment (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____
Name & title of immediate supervisor _____ # of employees you supervised _____
Employer or company _____ Address _____
Date employed _____ Phone Number _____
Date separated _____ Duties _____
Hours per week _____
Reason for leaving _____
May we contact this employer? Yes No If "No," why not? _____

Applicant Name (Printed) _____

Applicant Initials & Date _____

14. Motor Vehicle License Information

Please list, (a) type of License(s) _____ (b) Class _____, (c) Number _____

(d.) Restrictions _____ (e) Has your license ever been revoked or suspended? Yes No (If "yes," explain.)

(f) Status _____

15. Military Record: *You must provide a complete copy of your DD-214 to receive credit for military experience.*

(a) Dates _____

(b) Type of Service _____

(c) Branch _____

(d) Type of Discharge _____

(e) Reason for Discharge _____

16. Military Training & Experience -- Describe any military training & experience you have had that is related to the position for which you are applying.

17. Public Service – Please describe any experience you have in public service (include where, in what capacity, and length of service). _____

18. Professional, Trade, Business, or Civic Activities and Offices Held You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

19. Personal & Professional References You must list three (3) references. Do not include family members or past supervisors.

Name _____ Name _____ Name _____

Work Phone # _____ Work Phone # _____ Work Phone # _____

Home Phone # _____ Home Phone # _____ Home Phone # _____

Occupation _____ Occupation _____ Occupation _____

Address _____ Address _____ Address _____

Applicant Name (Printed) _____

Applicant Initials & Date _____

20. Applicant's Statement & Signature

I certify that the information provided herein is true and complete.

I give my permission and authorization to the City of Gulf Shores to investigate all information submitted, or not submitted, or received in connection with my application for employment or of other matters concerning my past employment, character, education records, and ability to perform the essential functions of the positions for which I am making application for employment. Furthermore, I release from any and all liability and responsibility all persons, companies, or corporations providing such information and the City of Gulf Shores in obtaining the same.

I understand that once I submit this application, it becomes the property of the City of Gulf Shores and may not be returned to me.

I understand the information received in the selection process will not be released to me. I waive any right I may have to such information or an explanation of how and in what manner that information was utilized in the selection process or the reason(s) I was not employed.

I understand that the City of Gulf Shores is a drug-free workplace and that before any conditional offer of employment is extended, I will be subject to drug and alcohol screening and, as an employee I may be subject to random drug and alcohol testing. I understand that I may inspect the city's current drug and alcohol testing policy which may change from time to time.

I understand that I must be able to perform the essential functions of the position for which I am making application for employment with or without reasonable accommodations.

I understand the City of Gulf Shores may reject my application if I make a false statement of a material fact or practice, or attempt to practice, any deception or fraud in my application, examination, or in securing eligibility for appointment. Furthermore, in the event of employment, I understand that such false or misleading information submitted in my application or interview(s) may result in discharge.

I understand that my application may be considered a public record and subject to disclosure.

I understand that, if I am hired by the City of Gulf Shores, my employment is "at will." I understand that except by written agreement signed by the Mayor, no manager, supervisor, employee or other City of Gulf Shores representative has any authority (I) to promise employment for a particular length of time, or (II) to make any other promises or other representations about my continued employment with the City of Gulf Shores.

Social Security Number Date Signature of Applicant

FOR DEPARTMENT USE ONLY

Date application received: _____ Date of Birth verified: _____
Month/ Day/ Year

Received by: _____

Identification verified: _____ Yes _____ No Social Security Number Verified: _____

All supporting documents included: _____ Yes _____ No Receipt Number: _____

Applicant Name (Printed) _____

Applicant Initials & Date _____

City of Gulf Shores Application Questionnaire Page 1 of 2

Questionnaire – Read each question carefully and indicate “Yes” or “No.” Indicating “Yes” does not necessarily disqualify you from being considered for employment. If you need additional space, reference the item letter and use the space at the bottom of the next page.

- a. **Have you ever applied for a job with the City before?** Yes No
If “Yes,” list the job(s) and the dates of application.

- b. **Have you ever worked for the City before?** Yes No
If “Yes,” list the dates of employment, the job(s) you held, and the department(s) where you worked.

- c. **Are you related to anyone employed by the City?** Yes No
If “Yes,” list the person(s) and the department(s) in which they work.

- d. **Have you ever been terminated or asked to resign from a job?** Yes No
If “Yes,” list the employer(s) and the reason(s).

- e. **Have you ever been suspended or received a verbal or oral reprimand on a job?** Yes No
If “Yes,” list the employer(s), the reasons(s) for the discipline, and the length(s) of the discipline.

- f. **Have you ever been laid off from a job?** Yes No
If “Yes,” list the employer(s) and the reasons(s) for the layoff.

- g. **Have you ever received any type of military punishment?** Yes No
If “Yes,” list the punishment(s), the reasons(s) for the punishment(s), and the length(s) of the punishment(s).

- h. **Have you ever been convicted of a felony or misdemeanor?** Yes No
In addition, for Police Officer applicants **ONLY** have you ever been convicted of a Domestic Violence-related offense? If “Yes,” to either question, explain.

- i. **Have you ever paid a fine for a traffic violation (not parking tickets)?** Yes No
If “Yes,” explain.

- j. **Have you ever stolen or shoplifted anything (age 16 or older)?** Yes No
If “Yes,” explain.

- k. **Have you received property that you thought was stolen?** Yes No
If “Yes,” explain.

Applicant Name (Printed) _____

Applicant Initials & Date _____

City of Gulf Shores Application Questionnaire Page 2 of 2

l. Have you ever taken anything from an employer valued over \$5.00? Yes No
If "Yes," explain.

m. Have you used, purchased, or sold marijuana or anabolic steroids within the past twelve (12) months? Yes No
If "Yes," explain.

n. Have you ever used, purchased, or sold illegal drugs (i.e. cocaine, "crack" cocaine, speed, LSD, etc.) other than those mentioned in Question "M"? Yes No
If "Yes," explain.

o. Would there ever be a time when you could not work shift work, overtime, or weekends? Yes No
If "Yes," explain.

Additional Space - Use this space to reference the item letter and provide additional information for any item of the questionnaire.

I certify that the information provided in this questionnaire is true and complete.

Date

SSN

Signature of Applicant

CITY OF GULF SHORES

VOLUNTARY IDENTIFICATION FORM

The City of Gulf Shores is an Equal Opportunity Employer. It is our policy to consider applicants for employment without regard to race, religion, color, sex, age, national origin, disability (except where physical ability is a bona fide occupational qualification), or veteran status. However, the City of Gulf Shores is required by law to maintain certain information about applicants which is not used in the hiring process. If you supply us with the information requested below, it will be used in strict accordance with the law. If you choose not to supply the information, it will have no effect whatsoever on your application.

Name _____ Application Date _____

Specific Job Applied For _____

Check one:	Check one: (Race/Ethnic Origin)	Check any of the following if applicable:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____	<input type="checkbox"/> Disabled Veteran (Percent: _____%) <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> I need a job accommodation

How did you learn about this job opening? (check only one)				
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Unemployment Office	<input type="checkbox"/> College	<input type="checkbox"/> Referral _____	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Call/Walk In	<input type="checkbox"/> Internet	<input type="checkbox"/> Other _____	

DO NOT WRITE IN THE BOXES BELOW — FOR PERSONNEL USE ONLY

Dept: _____ Division: _____	TO BE COMPLETED ONLY IF HIRED:
Status: (check one)	Start Date: _____ - _____ - _____
1. <input type="checkbox"/> Not Interviewed 2. <input type="checkbox"/> Interviewed, Not Hired 3. <input type="checkbox"/> Offer Refused 4. <input type="checkbox"/> Offer Accepted 5. <input type="checkbox"/> Confirmed Positive Drug/Alcohol Test 6. <input type="checkbox"/> Offer Rescinded	Pay Rate: \$ _____ per _____
Date Offered: (if applicable) _____	Date of Birth: _____ - _____ - _____
Date Refused: (if applicable) _____	Emergency Contact Data
NOTE:	(Name) _____ (Relationship) _____
After separating this page from the completed Application, make sure the data is recorded in the appropriate record, then store this page in a secure location separate from personnel files.	Permanent Address _____
	Phone (Day) _____ Phone(Evening) _____