



TOWN OF COOSADA

P.O. BOX 96 * 5800 Coosada Road
Coosada, AL 36020
(334) 285-3700

APPLICATION FOR EMPLOYMENT

Instruction Sheet

- If a question does not apply to you, please indicate this by placing a N/A in the appropriate space.
- Should you need extra space to complete a question or if you would like to furnish additional information, please attach an 8.5x11 sheet of paper and number your answers to correspond to the appropriate question(s).
- The completed application must be clear and legibly written.
- **You must fully complete all items on this application.** Failure to do so will automatically disqualify you for employment.
- Any false information given on the application shall be grounds to disqualify you for employment, as all answers/statements are subject to investigation and review.
- Completed applications will be accepted between the hours of 8:00a.m. and 4:00p.m. Monday through Friday. Applications may also be returned to our mailing address of Assistant Town Clerk, Town of Coosada, P.O. Box 96, Coosada, AL 36020 or emailed to Townclerk@coosadaal.gov
- I have read and fully understand the above instructions for this application and all information that it contains.

Signature: _____ Date: _____

Please submit this instruction sheet with your application signed and dated.

GENERAL INFORMATION

Applying for: *(Please check appropriate selection)*

☐ Full Time ☐ Part Time ☐ Seasonal

DEPARTMENT: _____ Administrative
 _____ Maintenance

Name: _____
(Last) (First) (Middle) (Maiden)

List all other names you are known by, including nicknames; _____

Date of Birth: _____ **SSN#:** _____ - _____ - _____ **Sex:** Male Female

Driver License #: _____ **State:** _____

Marital Status: S M D W Spouse's Full Name: _____

Citizenship: Are you legally eligible to work in the U.S.? YES NO

Current address: _____
(Post Office Boxes are not acceptable)

City: _____ State: _____ Zip Code: _____

Mailing address if you don't receive mail at street address listed above:

PO Box # City/ST/ZIP

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell Phone: (____) _____ **Email:** _____

EDUCATION

High School: _____ **Address:** _____
Years Attended: _____ **City:** _____
Year Graduated: _____ **State:** _____ **ZIP:** _____
GED: _____ **Date:** _____

College: _____ **Address:** _____
Years Attended: _____ **City:** _____
Year Graduated: _____ **State:** _____ **ZIP:** _____
Major: _____ **Minor:** _____ **Degree:** _____

EDUCATION *(Continued)*

College: _____ Address: _____
Years Attended: _____ City: _____
Year Graduated: _____ State: _____ ZIP: _____
Major: _____ Minor: _____ Degree: _____

**Specialized or
Trade School:** _____ Address: _____
Years Attended: _____ City: _____
Year Graduated: _____ State: _____ ZIP: _____
Study/Specialization: _____

Have you ever been dismissed from a school or has any disciplinary action ever been taken against you during your scholastic career? ☐ NO ☐ YES

If **YES**, which school _____ Date: _____

ACTION: _____

Explanation: _____

EMPLOYMENT HISTORY

***Note:** Starting with the most recent position, please include a chronological history of employment.*

Employer/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (____) _____ Full Time ☐ Part Time ☐

Dates: From _____ To _____ Salary: Yearly or Hourly: _____

Title or Position: _____ Name of Supervisor _____

Job Description including duties: _____

Reason for leaving: _____

Employer/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (____) _____ Full Time ☐ Part Time ☐

Dates: From _____ To _____ Salary: Yearly or Hourly: _____

Title or Position: _____ Name of Supervisor _____

Job Description including duties: _____

Reason for leaving: _____

Employer/Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (____) _____ Full Time _____ Part Time
Dates: From _____ To _____ Salary: Yearly or Hourly: _____
Title or Position: _____ Name of Supervisor _____
Job Description including duties: _____

Reason for leaving: _____

Employer/Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (____) _____ Full Time _____ Part Time
Dates: From _____ To _____ Salary: Yearly or Hourly: _____
Title or Position: _____ Name of Supervisor _____
Job Description including duties: _____

Reason for leaving: _____

Employer/Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (____) _____ Full Time _____ Part Time
Dates: From _____ To _____ Salary: Yearly or Hourly: _____
Title or Position: _____ Name of Supervisor _____
Job Description including duties: _____

Reason for leaving: _____

Have you ever been dismissed or asked to resign from any position? ____NO ____YES (If YES, explain)
(include name of employer/organization that should be listed above) _____

If you need additional space, please attach additional sheets to the application.

MILITARY RECORD

Are you currently serving or have you ever served in the Armed Forces? ☐ YES ☐ NO

If YES, what Branch of Service: _____

Type of Discharge: _____

Dates of Active Duty: From _____ To: _____

REFERENCES

Please list three references **not** related to you who have known you for at least five years.

Name: _____ Relationship: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Phone: (____) _____ Email: _____

Occupation: _____ Years known: _____

Name: _____ Relationship: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Phone: (____) _____ Email: _____

Occupation: _____ Years known: _____

Name: _____ Relationship: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Phone: (____) _____ Email: _____

Occupation: _____ Years known: _____

CRIMINAL HISTORY

Have you ever been arrested or charged with any violations, including traffic, but excluding parking tickets?

☐ NO ☐ YES (If YES, explain)

Date: _____ Place/Department: _____

Charge: _____ Disposition: _____

Details: _____

If additional space in needed, attach an extra sheet to this application.

Have you ever been a plaintiff or defendant in a court action: ☐ NO ☐ YES (If YES, explain including date, place, court, name of parties involved, nature of action and disposition):

If additional space in needed, attach an extra sheet to this application.

Do you have any relatives who are currently employed by the Town of Coosada? ☐ NO ☐ YES
(If YES, please include the names of the relative(s) and your relation to the employee.)

- I understand that employment is probationary for a period of one year, during which time, I must demonstrate my fitness for continued employment by the Town of Coosada.
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- I further understand that any employment offer shall be contingent upon the results of a complete background investigation.
- I am also aware that willfully withholding information or making false statements on this application shall result in immediate dismissal.
- I agree to these conditions and hereby certify that all statements made herein are true and complete to the best of my knowledge.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

RETURN OF APPLICATION PACKET

Completed applications can be submitted Monday through Friday between the hours of 8:00AM and 4:00PM.

Mail completed applications to:

**ATTN: Town Clerk
Town of Coosada
Post Office Box 96
Coosada, Alabama 36020**

Email completed application to Townclerk@coosadaal.gov