



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 coosadaoj@elmoresr.com
- 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; _____

Place 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: _____
 Years Attended: _____
 Year Graduated: _____
 GED: _____ Date: _____

Address: _____
City: _____
State: _____ ZIP: _____

College: _____
 Years Attended: _____
 Year Graduated: _____
 Major: _____ Minor: _____

Address: _____
City: _____
State: _____ ZIP: _____
Degree: _____

EDUCATION (Continued)

College: _____
Years Attended: _____
Year Graduated: _____
Major: _____ Minor: _____

Address: _____
City: _____
State: _____ ZIP: _____
Degree: _____

Specialized or
Trade School: _____
Years Attended: _____
Year Graduated: _____
Study/Specialization: _____

Address: _____
City: _____
State: _____ ZIP: _____

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: _____

Reason for leaving:

Reason for leaving:

Reason for leaving:

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.
- 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: Assistant Town Clerk
Town of Coosada
Post Office Box 96
Coosada, Alabama 36020

Email completed application to coosadaoj@elmore.rr.com .

TOWN OF COOSADA
P.O. BOX 96 - COOSADA, ALABAMA 36020

TO WHOM IT MAY CONCERN:

I authorize you to furnish the Town of Coosada with any and all information that you have concerning me, my work record, my reputation, my medical records, my military service records, my financial status, my criminal record (if any), and any other information having any possible bearing on my suitability for employment with the Town of Coosada. Information of a confidential or privilege nature may be included. Your reply will be used to assist the Town of Coosada in determining my qualifications and fitness for the position I am seeking.

I understand my rights under Title 5, United States Code, Section 552 A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Town of Coosada in conjunction with employment procedures and/or other security matters.

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information requested.

APPLICANTS SIGNATURE

DATE

Subscribed before me this _____ day of _____,
_____.

NOTARY PUBLIC

My commission expires _____

NOTE: A PHOTOCOPY REPRODUCTIN OF THIS REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILE.