TYPE OF EMPLOYMI	A	UNI	Date								
(Check all that apply to t	his position)										
Regular	"( 🗞	<b>\(\)</b> \(\)"	Position Applying For								
Temporary □ Part-Time □			PUS	пион Арріуі	ilg Fül						
Summer					Department						
APPLICATION FOR EMPLOYMENT											
Sheffield Utilities											
Sheffield, Alabama											
		LL QUESTIONS)									
Name	•	•									
Phone Number	City		State	Zip Code							
		City		State	Zip Code						
I am under 18 vears o	ld										
	rrested or convicted of a misdemeanor or	a felony other tha	n a minor traffic	violation? Ye	es 🔲 No 🗆						
•		=									
	(Such record may be relevant if job-relate			-							
If driver's license (com	nmercial or regular) is required for this pos	sition, please provi	de the following:								
License #	Class			_ State							
IF ANY SPECIAL CER	TIFICATION IS REQUIRED FOR THIS POS	SITION, PLEASE P	ROVIDE A COPY	OF THE CEI	RTIFICATE.						
EDUCATION AND TR			Ţ								
Type of School	Name of School/City & State	Did Yo	u Graduate?	Cours	se or Degree						
High School											
High School											
College											
College											
Apprenticeship											
SPECIAL SKILLS											
<u> </u>											
List three references	(not relatives or supervisors) with pho	ne number.									
1											
2											
3											
Aro you a Citizon of	the U.S. or a registered alien authorize	nd to work in the	U.S.? Yes	□ No	П						
Are you a Citizen of	the 0.3. of a registered affert authorize	eu to work in the	0.3.1 165	⊔ No							



Are you presently employed? \_\_\_\_\_ If so, where? \_\_\_\_

Sheffield Utilities encourages all candidates to make known any accommodations needed during the process of making application for a position with the Utilities Department, whether it be making available materials in larger print, furnishing someone to help fill out an application or read a job description, or other accommodations. In order for us to make arrangements for some accommodations, such as a qualified sign interpreter, we request a 48-hour notice in order to best serve these needs.



## **EMPLOYMENT RECORD**

Current or Last Employer		Phone #			
AddressCity					
Job Title					
Name & Title of Supervisor			Type of Busir	ness	
Dates of Employment From	to		Salary		
Reason for Leaving					
May we contact the employer for ref	erences? Yes $\Box$	No □			
Previous Employer				Phone#	
Address					State
Job Title					
Name & Title of Supervisor			Type of Busir	ness	
Dates of Employment From					
Reason for Leaving					
May we contact the employer for ref	erences? Yes $\Box$	No 🗆	]		
Previous Employer				Phone#	
Address					
Job Title	Duties & R	esponsibili	ties		
Name & Title of Supervisor					
Dates of Employment From					
Reason for Leaving					
May we contact the employer for ref	erences? Yes	No [			
Previous Employer				Phone#	
Address					State
Job Title	Duties & R	esponsibili	ties		
Name & Title of Supervisor					
Dates of Employment From					
Reason for Leaving			_ ,		
May we contact the employer for ref	erences? Yes	No			
I solemnly declare and affirm that all ans			olication are who	lly true, full, and	correct in every
particular and detail and I further author abide by and comply with all laws of the and pass a post-offer physical and drug s	State of Alabama and				
I understand that misrepresentation as to benefits. I also understand that if I suffer submit to a test, or a positive result, may	r an on-the-job injury	, I may be	required to subn	•	_
I verify that I have read the job duties an qualifications required by the position, it essential job functions, and that I am abaccommodations.	ncluding holding any	certification	on or license nec	essary for the per	formance of the
I certify that my answers are true and co- consumer report and/or investigate cons my driving history; education; employme other public record. I hereby release emp with my application.	sumer report on me. 'ent history; social sec	These above curity number	re-mentioned rep per verification; c	oorts may include riminal history/1	but are not limited to records; and/or any
In the event I am employed, I understan may result in discharge. In the event tha employment is terminable-at-will, without and is of no specific duration.	t the employer-emplo	oyee relatio	nship is establisl	ned, it is understo	ood that my
			Ap	pplicant's Signat	ure

Date