



City of Owens Cross Roads
9032 Highway 431 South
Owens Cross Roads, AL 35763
Tel 256-725-4163 Fax 256-725-4092
www.owenscrossroadsal.gov

APPLICATION FOR EMPLOYMENT

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____

Position Applied For: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this Municipality? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

OFFENSES

Have you ever received a citation for a traffic offense (speeding, running red light, DUI, etc.)? _____

If yes, please list the agency, date of citation and what offense(s) _____

Have you ever been involved in an auto accident? _____ If yes, How many? _____

Date(s) of Accidents _____

REFERENCES

References – Please include Name, Phone Number, whether work or personal associate, and years known.

1. _____

2. _____

3. _____

DISCLAIMER AND SIGNATURE

Any falsification of the information provided will automatically result in the applicant not being considered for any position.

Signature of Applicant

Date

Applications with resumes should be submitted to the City Clerk, Christie Eason at:

christie.eason@owenscrossroadsal.gov

or delivered to:

Owens Cross Roads City Hall

9032 Highway 431 S

Owens Cross Roads, AL 35763.

Email inquiries only please.

The City of Owens Cross Roads
Personal Inquiry Waiver - Authority for Release of Information

To Whom It May Concern: Having made application for employment with the City of Owens Cross Roads, it is my understanding that a comprehensive investigation of my background may be conducted as a result of this application.

I, _____, do hereby authorize any official or authorized representative of the City of Owens Cross Roads bearing this release, or copy thereof, to have access to any file/s or to obtain any information pertaining to my employment, military, credit or educational history including, but not limited to, academic achievement, attendance, athletics, personal history, disciplinary records, and medical records. I hereby direct the release of such information upon the request of the bearer of this authorization.

I hereby release the custodian of such records, any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, previous employers or retail business establishment including its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time affect me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I have voluntarily furnished my Social Security Number, understanding that I am in no way compelled to do so by Federal Statute or State Regulation. The Social Security Number is made available only for facilitating the availability of information concerning me with regard to my application for employment with the City of Owens Cross Roads.

This AUTHORITY TO RELEASE INFORMATION is executed with full knowledge and understanding that the information to be obtained is for the official use of the City of Owens Cross Roads, and consent is granted to the City of Owens Cross Roads to furnish any information to third parties in the course of fulfilling its official responsibilities.

Date _____ Social Security Number: _____ - _____ - _____

Full Legal Name (Print) _____

Full Legal Name (Signature) _____

Current Address: _____ Date of Birth: _____

_____ Telephone: (____) _____

Subscribed and sworn before me this _____ day of _____, 20 _____

County of _____ State _____ My commission expires: _____

Notary Public _____

The City of Owens Cross Roads is An Equal Opportunity Employer