

**City and County of Montgomery
Personnel Department**

Service Maintenance Worker, Recreation Aide, Library Page Application

_____	_____
Position	Date
_____	_____
Department	Home Telephone No.
_____	_____
Name	Work Telephone No.
_____	_____
Street Address	Cell No.
_____	_____
City/State/Zip	Email Address

Check highest grade of school completed:

1 2 3 4 5 6 7 8 9 10 11 12 College ____ years

Have you been employed with us before? Yes No If yes, give dates _____

On what date would you be available for work? _____

Do you possess a valid AL Driver's License? Yes No Number _____

Do you possess a CDL? Yes No Class and number _____

Beginning with your PRESENT employment, list in REVERSE ORDER periods of employment. Each time you left a job and returned should be listed as a separate period.

Employer	Job Title	Date Began	Date Ended	Total Months
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Show other experience, training, or education by using the back of this sheet.

I certify that all statements are true and correct to the best of my knowledge. Any false statements may be cause for denying me the right to employment.

_____	_____
Signature	Date
An Equal Opportunity Employer	

Submit with Form 9 or Form 40

**MONTGOMERY CITY AND COUNTY PERSONNEL DEPARTMENT
SUPPLEMENTAL APPLICANT DATA FORM**

TO THE APPLICANT:

THE CIVIL RIGHTS ACT OF 1964, AS AMENDED, PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN, THE AGE DISCRIMINATION IN EMPLOYMENT ACT (ADEA), AS AMENDED, PROHIBITS DISCRIMINATION BECAUSE OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE. THE INFORMATION REQUESTED IS USED SOLELY FOR EQUAL EMPLOYMENT OPPORTUNITY REPORTING, PERSONNEL RESEARCH, AND FOR BONA FIDE OCCUPATIONAL QUALIFICATIONS, OR OTHER LEGALLY PERMISSIBLE REASONS, AND WILL BE KEPT IN A **CONFIDENTIAL FILE** SEPARATE FROM THE APPLICATION FOR EMPLOYMENT.

POSITION		JOB ANNOUNCEMENT #	
NAME:	LAST	FIRST	MIDDLE
DATE OF BIRTH		<input type="checkbox"/> Male	<input type="checkbox"/> Female

Citizen of U.S.A. or alien authorized to work in U.S.A.? Yes No

Racial or ethnic group (check one)

- B WHITE D HISPANIC F AMERICAN INDIAN
C BLACK E ASIAN/PACIFIC ISLANDER

What prompted you to apply for city-county employment?

- | | | |
|---|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Career Center | <input type="checkbox"/> Self-Initiated |
| <input type="checkbox"/> Radio | <input type="checkbox"/> City-County Employee | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Community Announcement | <input type="checkbox"/> College Placement Office | <input type="checkbox"/> Web Page |
| <input type="checkbox"/> Other (Specify) _____ | | |