

ATTENTION:

PLEASE ATTACH A COPY OF YOUR CURRENT DRIVERS LICENSE.

PERSONAL INFORMATION

1. _____
Last Name First Name Middle / Maiden
2. Social Security Number _____ US Citizen or Authorized to Work in US _____
3. Present Address:

From Mo/Yr	To Mo/Yr	Street Address (Include Apt / Lot No.)	City or Town	State	Zip

4. Telephone Numbers: Home _____ Work _____ Other _____
5. Employment Desired: Position _____ Salary Desired: _____
- Are You Employed Now _____ May We Inquire of Your Present Employer _____
- Date You Can Start _____ Ever Applied With This City Before _____
- When _____ Department _____
- Referred By _____

EDUCATION

List below all schools you have attended starting with high school. Include all technical schools and colleges:

FROM	TO	HIGH SCHOOL NAME / ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		SUBJECTS STUDIED: _____	

FROM	TO	COLLEGE NAME / ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF DEGREE EARNED: _____ MAJOR: _____ MINOR: _____	

FROM	TO	COLLEGE NAME / ADDRESS	GRADES ATTENDED
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	
Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF DEGREE EARNED: _____ MAJOR: _____ MINOR: _____	

EMPLOYMENT HISTORY

Beginning with your present employer, and working back, list last three employers.

FROM	TO	COMPANY NAME / ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary
Job Title: _____ Phone No. _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			
FROM	TO	COMPANY NAME / ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary
Job Title: _____ Phone No. _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			
FROM	TO	COMPANY NAME / ADDRESS	STATUS
Mo ____ Yr ____	Mo ____ Yr ____	_____ _____ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary
Job Title: _____ Phone No. _____ Work Performed: _____ Supervisor: _____ Reason For Leaving: _____			

REFERENCES

List three (3) references (other than relatives or previous employers). Provide current addresses and phone numbers.

NAME	HOME ADDRESS & PHONE #

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and, the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you.

Signature of Applicant

Date

Mayor
Billy M. Snell, Jr.
Mayor Pro Tem
Merritt B. Carothers
COUNCIL
Marcus W. Davis
Mike Strickland
Sharon S. Loff
Kenneth Thompson, Jr.



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email: townoftayloral@sw.rr.com

City Clerk
Barbara F. Benton
Police Chief
Dennis Adkins
Water Clerk
LuNeal Whiddon
Water Department
Charles Douglas

AUTHORIZATION TO RELEASE RECORDS

TO WHOM IT MAY CONCERN:

I hereby release to the City of Taylor, Alabama and it's designated officers, agents or employees, any and all information (including criminal records, physical/medical information, psychological examinations, and credit history information required by law or regulations in order to process my application for employment with the City of Taylor, Alabama for the position of Police Officer and to process my application to attend a law enforcement academy to obtain certification as a law enforcement officer in the State of Alabama, if so required.

Name (Printed)

Signature

Date

Sworn to and subscribed before me on this _____ day of _____ 20____

SEAL

NOTARY PUBLIC