

City of Muscle Shoals

2010 Avalon Avenue • Muscle Shoals, Alabama 35661
Post Office Box 2624 • Muscle Shoals, Alabama 35662-2624
(256) 383-5675 • Fax: (256) 386-9201 • www.cityofmuscleshoals.com

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Instructions: Complete all information. Please complete insert if enclosed. Be sure to sign and date the application. MUST use ink on this application.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Last Name		First Name		Middle Name	
Address		Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Optional)		
E-Mail Address					

POSITION APPLYING FOR: _____

May we contact your present employer? ☐ Yes ☐ No

Have you filed an application or been employed here before? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) ☐ Yes ☐ No

Are you available to work? ☐ Full time ☐ Part time ☐ On Shifts

Are any of your relatives employed with the City of Muscle Shoals? ☐ Yes ☐ No

If yes, list name(s) _____

Have you been convicted of a felony? ☐ Yes ☐ No

If yes, please explain _____

Have you ever been convicted or arrested for any reason other than a minor traffic violation? ☐ Yes ☐ No

Are you on lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Education

	Name of School	City and State	Year Graduated	Course of Study	Course or Degree
High School					
College					
College					
Vocational					
Other (Specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Give name, address and phone number of three references not related to you.	
Name	Address and Phone Numbers

Employment Experience

THIS SECTION MUST BE COMPLETED EVEN WITH RESUME ATTACHED.

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

1

Current or Last Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Job Title	Salary (Optional)		
Supervisor (Include first and last name)			
Reason for Leaving			

2

Previous Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Job Title	Salary (Optional)		
Supervisor (Include first and last name)			
Reason for Leaving			

3

Previous Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Job Title	Salary (Optional)		
Supervisor (Include first and last name)			
Reason for Leaving			

4

Previous Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Job Title	Salary (Optional)		
Supervisor (Include first and last name)			
Reason for Leaving			

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of all statements contained in this application as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Muscle Shoals.

Signature of Applicant

Date

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

FOR HUMAN RESOURCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW

Initial

Complete <input type="checkbox"/>
Incomplete <input type="checkbox"/>

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Scheduled Agility Test Date: _____ Time: _____

Scheduled Interview Date: _____ Time: _____

Additional Interview Date: _____ Time: _____

Notes: _____

Employed ☐ Yes ☐ No

Date of Employment _____

QUESTIONNAIRE FOR ACCOUNTS RECEIVABLE CLERK/RECEPTIONIST APPLICANTS
(PLEASE RETURN WITH YOUR APPLICATION)

1. Do you understand that any offer of employment is conditional upon a physician's certification of your fitness for duty based upon job-related criteria?

Yes _____ No _____

2. Do you understand any officer of employment is conditional upon a successful completion of controlled substance testing?

Yes _____ No _____

3. A VALID DRIVER LICENSE IS REQUIRED.
Do you meet this requirement?

Yes _____ No _____

4. PLEASE INCLUDE DRIVER LICENSE NUMBER AND EXPIRATION DATE IN THE SPACES INDICATED BELOW:

DRIVER LICENSE NUMBER _____
EXPIRATION DATE _____

5. HIGH SCHOOL DIPLOMA OR GED IS REQUIRED.
Do you meet this requirement?

Yes _____ No _____

6. **PLEASE ATTACH COPY OF YOUR DIPLOMA OR GED CERTIFICATE WITH APPLICATION.(COLLEGE DIPLOMA WILL BE ACCEPTED.) ALSO, COPY OF HIGH SCHOOL OR COLLEGE TRANSCRIPT IS ACCEPTED.**

7. Is any member of your or your spouse's immediate family (defined by the Civil Service Board's Personnel Policies and Procedures as spouse, parent, child, brother, sister, grandparent, grandchild, aunt, uncle, nephew, niece) employed in the department for which you desire consideration?

Yes _____ No _____

If Yes, please name: _____

I certify that answers given herein are true and correct to the best of my ability. I also understand, that in the event I am employed, that false or misleading information given on this form may result in my discharge.

Signature of Applicant

Date

BACKGROUND REPORT DISCLOSURE STATEMENT

Please read the information on this form carefully. It describes your rights as a consumer.

City of Muscle Shoals uses Risk Mitigation Services, Inc. to conduct background investigations as part of its employment process. Such background investigations are covered by Section 603 of the federal Fair Credit Reporting Act (FCRA) and are termed "consumer reports" and/or "investigative consumer reports". Risk Mitigation Services, Inc. is a "Consumer Reporting Agency" (CRA) covered by the FCRA. City of Muscle Shoals uses the background reports provided by Risk Mitigation Services, Inc. for employment, continued employment, volunteer status, or promotion purposes. City of Muscle Shoals will procure the report from:

Risk Mitigation Services, Inc.,
PO Box 2129
Muscle Shoals, AL 35662
Tel. 866-383-1180
www.riskmitigation.us

Under Section 603 of the FCRA, a consumer report or consumer investigative report is an independent investigation of your background, which may include information regarding your "character, general reputation, personal characteristics, or mode of living." The background report that Risk Mitigation Services, Inc. provides may contain information about your driving record, civil and criminal legal and court records, criminal conviction records, education, professional or employment-related credentials, credit history, identity, locations and addresses where you have lived, Social Security number, education history, previous employment, and other public records.

The FCRA requires that if City of Muscle Shoals denies you employment, continued employment, volunteer status, or promotion as a result of information contained in a background report, you must be provided with a copy of the report, a summary of your rights under the FCRA, the name, address, and telephone number of the consumer reporting agency that furnished the report and given a reasonable opportunity to respond to disputed information contained in the report.

I hereby consent to your obtaining the above information from Risk Mitigation Services, Inc.

First Name (please print)	Middle Name	Last name
Signature		Date

Social Security Number: _____ *Date of Birth: _____

Driver's License Number: _____ DL State: _____

Daytime Telephone Number: _____

International Applicants

International Government ID: _____
ID# Country of Origin

International Address: _____
Physical Address

City/Province/Country

*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of the background check.

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION
ACKNOWLEDGMENT AND AUTHORIZATION

USA Applicants Only: I acknowledge receipt of the BACKGROUND CHECK DISCLOSURE STATEMENT and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

Applicants with Personal Data from Outside the USA Only: I acknowledge receipt of the DATA PRIVACY NOTICE and certify that I have read and understand the document.

I hereby freely authorize release to City of Muscle Shoals of consumer reports and/or investigative consumer reports as part of its evaluation of my application for employment, continued employment, or promotion. I also authorize disclosure to City of Muscle Shoals and/or to Risk Mitigation Services, Inc. or its agents information that City of Muscle Shoals deems pertinent to its consideration of my application for employment, continued employment, or promotion, including but not limited to my employment history, earning history, education (transcripts), motor vehicle driving licensure and record, criminal history, credit history, public records, records of administrative adjudications, by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; credit bureaus, and other applicable sources. These reports may contain information regarding your use of social media, the content that you contribute to social media, and any other publicly-available information about you on the internet. Social media include, but are not limited to, social networking websites (e.g., Facebook, MySpace), professional networking websites (e.g., LinkedIn), video-sharing websites (e.g., YouTube), image-sharing websites (e.g., Flickr), blogs, wikis, virtual worlds, and personal websites.

In accordance with the host nation's laws and the laws applicable to me depending on my location regarding the release of information, I authorize the release and transmittal of information from any country to the above listed parties, their clients, and/or their agents or vendors located in any country, including countries outside the European Union that may have a different level of data protection or inadequate data protection laws as defined by the European Commission.

I understand this authorization will apply throughout my employment status to the extent permitted by law, unless revoked or canceled by sending a signed revocation letter or statement to City of Muscle Shoals. I understand to the extent allowed by law, information contained in my job application or that I have otherwise disclosed before, during, or after my employment, if any, may be used to obtain consumer reports and/or investigative consumer reports.

I understand that providing false information or omitting material information on my employment application materials or as part of the employment process is grounds for rejecting employment, or terminating employment, whenever discovered.

This Authorization form, in original, faxed, photocopied, or electronic form, will be valid for any reports that City of Muscle Shoals may request. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

New York Applicants Only: Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of ARTICLE 23-A OF THE NEW YORK CORRECTION LAW.

New York City Applicants Only: You acknowledge and authorize Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Minnesota and Oklahoma Applicants Only: Please check this box, if you would like to receive a copy of a consumer report, if one is obtained by Company.

Washington State Applicants Only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Printed Name: _____

Signature: _____ Date: _____

CITY OF MUSCLE SHOALS JOB DESCRIPTION

Title: Accounts Receivable Clerk/Receptionist

Dept: City Clerk

Job Analysis conducted: February 2005

Note: Statements included in this description are intended to be representative of the duties and responsibilities of this job and are not to be interpreted as being all-inclusive. The employee may be assigned other duties that are not specifically included.

Relationships

Reports to: City Clerk/Treasurer

Subordinate staff: None

Other internal contacts: All City Departments

External Contacts: Building Maintenance Contractors; General Public; and Vendors

Job Summary

Performs clerical duties associated with billing and processing payments. Assists with payroll. Performs a wide variety of general clerical duties such as data entry, answering the telephone, directing calls and taking messages. Prepares and maintains records and files.

Job Domains

(*indicates essential functions in accordance with the ADA)

A. Accounts Receivable

1. *Receives mail-in or walk-in payments for liquor and gas taxes,
2. *Prints receipts and provides to payee or attaches to documents.
3. *Posts weekly receipts to general ledger.

4. Forwards the deposit report, receipts and monies to assistant city clerk for deposit.
5. *Prepares and mails invoices for employee insurance when required.
6. Maintains electronic spreadsheets of fuel taxes paid and cell phone reimbursements.
7. Receives health and dental insurance payments from retirees; maintains records and prepares report.
8. Maintains petty cash fund; receives check to replenish funds and maintains disbursement documentation.

B. Receptionist/Clerical

1. Performs Notary Public services.
2. * Sets up and types letters and a variety of accounting and financial statements from copy, rough drafts, or general instruction.
3. * Answers incoming telephone calls; takes messages or directs them to appropriate persons.
4. *Using word processing software prepares documents and certificates.
5. *Greet the public and provides them with information or directs to appropriate departments or individuals.
6. *Picks up, sorts and distributes incoming mail to departments or individuals; prepares outgoing mail for mailing.
7. *Performs routine clerical tasks such as filing and copying for the department.
8. Opens and closes front office for business each day; opens and closes vault, public windows and turn office machines on and off.
9. *Orders office supplies and maintains supply inventory.
10. Searches and verifies municipal improvement assessments as requested by attorneys and title companies.
11. *Completes and forwards street light installation requests.
12. Monitors and orders postage for postage meter.
13. *Maintains good relations with general public.
14. Processes tobacco stamp orders, maintains inventory and orders stamps as approved.
15. Receives job applications from applicants, receipts and records in appropriate file.
16. Receives board applications; distributes copies to Mayor and City Council.

C. Accounts Payable

1. *Receives approved invoices and enters data into computer.
2. *Runs report and checks against pre-check register.
3. *Runs checks, attaches checks to invoices and affixes electronic signatures on checks.
4. Submits checks to City Clerk for final approval.
5. *Prepares checks for mailing.
6. *Runs check register report.
7. Assists in annual audit, performs research and provides documentation.
8. Processes invoices for payment and performs other related duties in the absence of the accounts payable/payroll clerk.
9. Prepares journal entries as necessary.

D. Payroll

1. *Processes bi-weekly payrolls in the absence of the accounts payable/payroll Clerk.
2. *Prepares invoices for payment in absence of the accounts payable/payroll Clerk.

Knowledge, Skills and Abilities

(Any item with an asterisk can be taught on the job)

1. Knowledge of personal computer usage including entering and retrieving information from the general ledger, accounts payable, miscellaneous receipting and payroll software programs.
2. Basic knowledge of accounting including fund accounting.
3. Knowledge of word processing and spreadsheet software programs.
4. Knowledge of filing procedures and possess the ability to file.
5. Ability to communicate effectively in person and over the telephone.
6. Ability to compose correspondence using correct spelling, grammar and punctuation.
7. Ability to prepare and maintain records.
8. Math skills to perform accounting duties and calculate payroll and maintain other records.
9. Reading comprehension skills to interpret instructions, regulations and correspondence, etc.
10. Ability to operate computer, calculator, copier, facsimile and other office machines.
11. Typing skills to accurately generate documents, records and correspondence in a timely manner.
12. Ability to establish and maintain effective working relationships with the public and coworkers.

Other Characteristics

1. Possess a high school diploma or equivalency. Any combination of education and experience which provides the necessary technical qualifications listed above will be considered.
2. Possess a valid driver's license and a driving record that meets the city's insurance carrier's requirements.
3. Ability to work nonstandard hours as required.
4. Ability to travel to attend seminars and conferences.

Work Environment

The work environment involves everyday risks or discomforts which require normal safety precautions typical of such places as offices, meeting and training rooms, libraries, and residences or commercial vehicles, e.g., use of safe work practices with office equipment, avoidance of trips and falls, observance of fire regulations and traffic signals, etc. The work area is adequately lighted, heater, and ventilated.

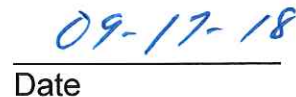
Physical Demands

The work is sedentary. Typically, the employee may sit comfortably to do the work. However, there may be some walking; standing; bending; carrying of light items such as papers, books, small parts; driving an automobile, etc. No special physical demands are required to perform the work.

Approval


Name


Title


Date