

# 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](http://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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## 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"/>							

Scheduled Agility Test      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Scheduled Interview      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Interview      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed    ☐ Yes    ☐ No

Date of Employment \_\_\_\_\_



**QUESTIONNAIRE FOR LABORER - STORM DRAINAGE**  
**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 that any offer of employment is conditional upon a successful completion of controlled substance testing?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. 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 employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please name: \_\_\_\_\_

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

DRIVER LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

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](http://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: Laborer

Dept: City Clerk - Flood Control

Job Analysis conducted: January 2020

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: Maintenance Supervisor

Subordinate staff: Inmates and Part-time employees

Other internal contacts: All City Departments

External Contacts: General Public; Parts and Equipment Vendors

## **Job Summary**

Under the direction of the maintenance supervisor, the employee performs a variety of tasks including the maintaining of all city right of ways while operating various equipment. Assists other departments during severe or inclement weather. Assists maintenance pump and equipment operators with pump control station repairs, routine maintenance, and records. Performs related manual labor.

## **Job Domains**

(\*indicates essential functions in accordance with the ADA)

### **A. Pump Station Maintenance**

1. \*Changes oil, hydraulic oil, oil filters, hydraulic filters, coolant filters as required.
2. Supervises maintenance of grounds surrounding all pumping stations.
3. \*Sweeps and removes debris from streets, sidewalks, and curbs.
4. \*Cleans out ditches and pipes with shovels.
5. \*Connects drainage pipes, and hooks up temporary pumps.
6. \*Operates chain saw to cut down trees and limbs; cuts brush from ditches.
7. \*Flags traffic during road maintenance and construction.
8. \*Cleans out culverts using shovel and rake.
9. \*Picks up litter and debris.
10. \*Drives pick-up truck.

### **B. Equipment Operation**

1. Operates tractor with landscaping box to level dirt and restore landscaping on property. Also operates tractor with sweeper attachment to clean streets.
2. Operates large tractors with various mowing attachments to mow grass on city properties, public right of ways, pumping stations, and court ordered properties.
3. \*Cleans and assists in washing equipment.
4. \*Directs truck driver when backing up.

### **C. Tractor and Equipment Maintenance**

1. Changes oil, filters, and rebuilds motors.
2. Sands and paints equipment.
3. Replaces seals and bushings, PTO shafts, pulleys, drive lines, U joints, wheel bearings, electrical systems such as relays, lights and switches.
4. Removes and replaces hydraulic lines and cylinders.
5. Performs arc and mig welding.
6. Fabricates attachments for equipment.
7. Services and maintains truck mounted mosquito sprayer.

#### **D. Manual Labor**

1. Removes debris left after flooding.
2. Uses shovels to locate marked sewer, gas, electrical and water lines during constructions.
3. Pours concrete to repair driveways after construction work has been completed.
4. Uses fire hose to flush clogged drains.
5. Changes backhoe blades and attachments on the tractor such as buckets.
6. Replaces sod and plants grass seed to landscape completed work sites.
7. Uses shovel, and rake to clean out ditches, inlets, storm drains, etc.
8. Uses axe and saw to clear fallen trees and limbs from streets.
9. Cleans department vehicles.
10. Burns brush piles when possible and necessary.
11. Assists other department employees to set up barricades when streets are closed.

#### **E. Miscellaneous**

1. \*Checks gauges, tires and fluids of assigned equipment.
2. Answers citizens' questions on job sites.
3. \*Helps new employees learn procedures.
4. \*Performs building maintenance as needed.
5. \*Supervises the work of part-time employees in the absence of the maintenance supervisor.
6. \*Cuts grass around shop and the city, operate weed eater and wash down paved areas.
7. Maintains shop area and office.
8. May weld grates for catch basins.
9. \*Cleans and maintains floors by sweeping, scrubbing, mopping, buffing, polishing, and waxing.
10. \*Cleans vehicles; vacuums cab and removes litter, washes and waxes exteriors.
11. \*Assists with truck maintenance.
12. \*Performs related duties as required.



### **Knowledge, Skills and Abilities**

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

1. Knowledge of traffic regulations; defensive driving skills.
2. \*Knowledge of the city, its building, streets and right of ways.
3. \*Knowledge of city and department, rules, regulations, policies and procedures.
4. Knowledge of safety rules including accident causation and prevention.
5. Knowledge of truck maintenance.
6. Ability to cut grass on right of ways, and city buildings.
7. Ability to effectively communicate with supervisors, co-workers, and the general public.
8. Ability to perform heavy manual labor.
9. Reading skills to understand operator's manuals.
10. \*Skilled in the operation, and safe use of tractors, backhoes, and similar equipment.
11. Ability to mix and spray chemicals for weed and pest control.
12. Ability to follow instructions.
13. Mobility to climb on top of or crawl under various equipment.
14. Mobility to bend, lift, climb and avoid oncoming traffic.
15. Ability to work with tools and to operate levers, gears, etc.
16. Ability to work outdoors under adverse conditions.
17. Ability to lift 50 pounds.

### **Other Characteristics**

1. Possess a valid driver license and a driving record that meets the city's insurance carrier's coverage requirements.
2. Any combination of education and experience which meets the necessary qualifications listed above will be considered.
3. Ability to work non standard hours, overtime, weekends and holidays when necessary, and be subject to call out on designated periods of time.
4. Posses a driving record that meets the city's insurance carrier's coverage requirements.
5. Must carry approved communication device and be able to respond to emergency calls according to department policies.

### **Work Environment**

The work involves moderate risks or discomforts which require special safety precautions, e.g., working around excavation, construction sites, moving parts, carts, or machines; with contagious diseases or irritant chemicals; etc. Employees may be required to use protective clothing or gear such as masks, coats, boots, goggles, or hardhats.

### **Physical Demands**

The work requires some physical exertion such as long periods of standing; walking over rough, uneven, or rocky surfaces; recurring bending, crouching, stooping, stretching, reaching, or similar activities; recurring lifting of moderately heavy items. The work may require specific, but common, physical characteristics and abilities such as above-average agility and dexterity.

### **Approval**

Name Allen Nicks Title President Date 1-21-20