

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 ☐
Incomplete ☐

Scheduled Agility Test

Date: _____ Time: _____

Scheduled Interview

Date: _____ Time: _____

Additional Interview

Date: _____ Time: _____

Notes: _____

Employed ☐ Yes ☐ No

Date of Employment _____

QUESTIONNAIRE FOR SECRETARY/OFFICE MANAGER-PARKS & RECREATION

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. Do you understand that you must possess a high school diploma or equivalent?
Do you meet this requirement?

Yes _____ No _____

**PLEASE INCLUDE A COPY OF YOUR DIPLOMA OR GED CERTIFICATE.
(COLLEGE DIPLOMA ACCEPTED) (SCHOOL OR COLLEGE TRANSCRIPTS
ACCEPTED.)**

4. 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: _____

5. **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

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: Secretary/Office Manager

Dept: Parks and Recreation

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: Director

Subordinate staff: Part-time Employees

Other internal contacts: City Hall Offices

External Contacts: General Public; and Local Businesses.

Job Summary

Under the direction of the director, the employee performs a variety of secretarial duties such as typing, answering and directing phone calls, taking messages, greeting the public and providing information. Prepares, maintains and files records. Assists with part-time programs and special events.

Job Domains

(*indicates essential functions in accordance with the ADA)

A. Secretarial

1. *Answers incoming telephone calls and directs them to appropriate persons.
2. *Takes telephone messages and ensures that they are received by appropriate party.
3. *Meets and greets the public; provides with information and directs to appropriate personnel.
4. Creates brochures and distributes to schools, etc.

5. *Creates registration forms and registers participants for different activities.
6. Separates registration by age groups and forwards to athletic director.
7. After team drafts, types up team lists and maintains files.
8. *Prepares and maintains a variety of documents and correspondence using word processing software.
9. *Performs routine clerical duties such as making copies, filing records, etc.
10. *Opens office each day by opening vault and public windows as well as turning on office machines.
11. *Maintains contact with department personnel and transmits messages with a two way radio.
12. *Coordinates appointments and meetings for director.
13. *Orders office supplies and maintains supply inventory.

B. Bookkeeping

1. *Charges department purchases to appropriate accounts.
2. *Receives payments; completes and issues receipts.
3. *Receipts and maintains record of all money received; puts account numbers on all receipts.
4. *Prepares bank deposits and recap sheets for all deposits.
5. *Completes daily report sheets.
6. *Prepares requisitions.
7. *Makes reservations and accepts reservation fees for pool, meeting rooms, pavilions and gyms.
8. *Delivers mail and daily deposits to city clerk's office.

C. Part-time Program and Special Events

1. *Assists with athletic activities as needed.
2. *Works with senior citizens program as needed.
3. *Assists with organizing special events of the parks and recreation department.
4. *Assists with recruiting sponsors/volunteers for activities and programs; contacts parents.

Knowledge, Skills and Abilities

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

1. Knowledge of personal computer operations including entering and retrieving information and use of word processing software.
2. Basic knowledge of bookkeeping.
3. Possess skills such as using the copying machine and filing.
4. Ability to effectively communicate with co-workers, supervisor and the public.
5. Writing skills to compose correspondence and maintain accurate records.
6. Math skills to perform basic calculations.
7. Reading skills to understand instructions, correspondence, etc.

8. Typing skills to generate documents, records, and correspondence efficiently.
9. Ability to establish and maintain effective working relationships with public and co-workers.
10. Ability to operate computer, calculator, typewriter as well as other office equipment.
11. Ability to file documents.

Other Characteristics

1. Possess a high school diploma or equivalent and one to two years of experience in a general office setting; however, any combination of education and experience which provides the 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 coverage requirements.
3. Ability to work nonstandard hours as required.

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. The work area is adequately lighted, heated, 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 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