

**APPLICATION FOR EMPLOYMENT  
CITY OF OXFORD  
OXFORD CIVIL SERVICE BOARD  
P.O. Box 3383 / 600 STANLEY MERRILL DRIVE  
OXFORD, ALABAMA 36203  
OFFICE #256-831-3730    csbkbm@cableone.net**

**DO NOT WRITE IN THIS SPACE**  
INSTRUCTIONS: Applications must be received by the Civil Service Board or post marked on or before the closing date indicated on the announcement. A separate application is required for each examination.

OFFICE USE ONLY		
RECEIVED	EXAM DATE	CERTIFIED
A.E.P.	TEST	GRADE

**\*\*PLEASE PRINT AND COMPLETE ALL SPACES IN INK**

1. POSITION APPLYING FOR: <b>NON-PUBLIC SAFETY</b>			4. EMAIL ADDRESS:		
2. YOUR FULL NAME:			5. PHONE NUMBERS:		
3. PHYSICAL ADDRESS:			HOME		
CITY			WORK		
STATE			ZIP CODE		

6. How long have you lived at your current address? _____ Date of birth ____ / ____ / ____ Social Security Number ____ - ____ - ____ U.S. Citizen? YES ____ NO ____ Driver's License # _____	7. Have you ever been convicted of any offense other than a minor traffic violation? YES                      NO <input type="checkbox"/> <input type="checkbox"/> Conviction is not necessarily disqualifying. Give the facts and dates of your conviction(s) in space 8.
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8. Use this space to explain any items in Spaces 1-7.

**\*\*YOU ARE REQUIRED TO COMPLETE APPLICATION, FRONT AND BACK, WHETHER YOU SUBMIT A RESUME OR NOT.**

9. EDUCATION

A. Did you graduate from high school?

YES	MONTH	YEAR	NO	HIGHEST GRADE COMPLETED

B. If you have a high school equivalency certificate, give the year and location the certificate was granted.

YEAR	LOCATION

C. Give last high school, grade school, or trade school you attended.

NAME OF SCHOOL	LOCATION	DATES ATTENDED	COURSE

D. List any colleges, business schools, or technical school you attended.

NAME OF SCHOOL	LOCATION	COURSE OR MAJOR	DATES ATTENDED	DEGREE OR CERTIFICATE RECEIVED

E. Other **TRAINING/SKILLS** (special courses, work training programs, armed forces training). Give name and location where training was given, certificate (if any), dates attended, subject of training, and other details related to the job for which you are applying. Copies of certificates may be attached to application.

NOTE: Aliens must show an Alien Registration Receipt Card (Form I-151), or Form I-94 endorsed to permit employment

10. EXPERIENCE: Start with your present or last job and work back listing all paid or unpaid, full or part-time work, military service, and summer jobs performed during the last 10 years. Use additional sheets of plain paper if you need more space. Work performed more than 10 years ago may be given if it applies to the job you seek.

May we contact your present employer? YES  NO  \*\* (NOTE: We may contact previous employers.)

Starting Date Month Year	Ending Date Month Year	Name and address of present or last employer
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Salary	Hours Per Week	Name, Title, and Phone Number of your Immediate Supervisor
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Reasons for leaving:

Your present or last job title: \_\_\_\_\_  
Your Duties:

Starting Date Month Year	Ending Date Month Year	Name and address of present or last employer
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Salary	Hours Per Week	Name, Title, and Phone Number of your Immediate Supervisor
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Reasons for leaving:

Your present or last job title: \_\_\_\_\_  
Your Duties:

Starting Date Month Year	Ending Date Month Year	Name and address of present or last employer
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Salary	Hours Per Week	Name, Title, and Phone Number of your Immediate Supervisor
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Reasons for leaving:

Your present or last job title: \_\_\_\_\_  
Your Duties:

IF IN THE MILITARY SERVICE, WERE YOU CONVICTED BY A GENERAL COURT-MARTIAL? YES  NO

IF YOUR ANSWER IS "YES", GIVE DETAILS BELOW. SHOW FOR EACH OFFENSE: (1) DATE, (2) CHARGE, (3) PLACE, (4) COURT, AND (5) ACTION TAKEN. NOTE: A CONVICTION DOES NOT AUTOMATICALLY MEAN YOU CANNOT BE APPOINTED. WHAT YOU WERE CONVICTED OF, AND HOW LONG AGO, ARE IMPORTANT. GIVE ALL OF THE FACTS.

**REFERENCES:** LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO WOULD HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION. DO NOT REPEAT NAMES OF SUPERVISORS LISTED UNDER EXPERIENCE.

NAME	HOME ADDRESS	HOME PHONE	BUSINESS or OCCUPATION	WORK PHONE

CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed.

DATE

SIGNATURE OF APPLICANT

\*\*\*THE CITY OF OXFORD, ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER\*\*\*