

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781
dhs.gov/e-verify



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English / Spanish Poster

**CITY OF GENEVA, ALABAMA
APPLICATION FOR EMPLOYMENT**

Position Applied For _____

Applicant Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____ Phone Number _____

EDUCATION

Primary Education

Name of School	City, State	Dates Attended	Degree Completed

Technical, College or University

Name of Institution	City, State	Dates Attended	Degree Completed

Please list any Continuing Education, Training Certificates or Achievements you feel relevant.

EMPLOYMENT HISTORY (List Present or Most Recent Employer First)

Name, Address, Tele Number of Employer	Position & Main Responsibilities	Dates of Employment	Ending Salary	Reason for Leaving
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May we contact you current employer? ☐ Yes ☐ No

May we contact your previous employers? ☐ Yes ☐ No

SKILLS

Please list any skills you have which may be beneficial to you in the position for which you have applied.

Professional Qualifications & Memberships in Professional Bodies you feel relevant

Do you possess a valid driver license? ☐ Yes ☐ No State of Issue _____ Class _____
(Due to the nature of some positions, a driver license is required, this information is not relevant to all positions)

Have you been convicted of a felony in the last seven years? ☐ Yes ☐ No
(Answering yes to this question does not necessarily disqualify you from employment with the City. Due to the nature of some positions and bonding requirements for some positions this information may be relevant)

If yes would you like to explain? (OPTIONAL) _____

Have you ever been employed with the City of Geneva? ☐ Yes ☐ No

If yes give dates of employment _____ Position _____

List date available to begin work _____

List anticipated salary \$ _____

List any additional information you feel is relevant

List the names address and telephone numbers of three persons we may contact as references

Name	Address	Telephone Number

MILITARY HISTORY/EXPERIENCE

The City of Geneva is an Equal Opportunity Employer and dose not discriminate because of race, color, religion, sex, age or national origin.

The City of Geneva has adopted a Drug Free Workplace Program.

ACKNOWLEDGMENT (please read carefully)

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and I agree to have any of the statements checked by the organization unless I have indicated to the contrary. I understand that any misrepresentation, falsification, or material omission of information on this application or the failure to personally sign this application may result in my failure to receive an offer for employment or, if I am hired, may result in termination from employment.

Signature of Applicant

Date