



## City of Argo

100 Blackjack Road Trussville, AL 35173

(P)205-352-2120 (F) 205-352-2118

[www.cityofargo.org](http://www.cityofargo.org)

### READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION

**DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION.** You must attach your resume to this application and in addition the application must be completed. If you need additional space, you may attach sheets to this application. **NOTE:** You can apply for only one position on this application. You may supplement this application with copies of certificates, diplomas, licenses, etc.; however, **DO NOT SEND ANY PAPERS WHICH YOU WOULD WANT RETURNED.** Federal law requires that there be no discrimination against any employee or applicant for employment because of the person's RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, or PHYSICAL or MENTAL DISABILITY with respect to hiring, firing, promotion, compensation, or other terms, conditions or privileges of employment.

1. Read the job announcement. Be sure that your work experience and/or education meet the qualifications described on the position announcement.
2. Read carefully and complete each question and/or statement on the application and/or supplemental application for employment. If the question or statement does not apply to you, write "N/A".
3. Give the complete name and address of each school you have attended and complete each column for record of education.
4. **NOTE: YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:** Give complete dates of employment to include at least the **MONTH AND YEAR** you started and left the place you worked; and give name and mailing address for all places you have worked. If you are listing volunteer work to qualify for a position, an experience block must be completed in the same manner as a paid job. Give your job title, the name of the person to whom you reported, and a brief reason for leaving each place you have worked or volunteered at. **DESCRIBE CLEARLY** what you did each place you have worked. Do not use abbreviations in the description of duties and responsibilities. If you do not describe your work experience, it will not be possible to determine if you meet the requirements of the position for which you are applying. We may verify your description with your former employers. If you had a major change of duties or responsibilities while you worked for the same employer, describe each major change as a separate job. This also applies to applicants listing military experience to qualify for a position. Each time you have had a major change in responsibilities it should be listed separately. Write in each experience block your name at the time you were employed or volunteered, if it is different from the name, you currently use. List your name used at the time on the first line under Description of Duties and Responsibilities. List, in the Personal References section, the name, and telephone number of at least three (3) who know you. Do not list people related to. Sign (in your usual handwriting) and date the Application. If left unsigned, your application will not be considered.
5. If the job announcement states a valid driver's license is required, you must present your driver's license to the receptionist at the time of application for verification.
6. If hired you must present proof of identity and employment eligibility as stipulated in TITLE 8, U.S. CODE, SECTION 132A (i.e., driver's license, Social Security Card issued by the Social Security Administration).
7. The City of Argo verifies past employment, performs background investigations, and administers employment physical which includes drug/alcohol testing. A photo I.D. with signature is required for employment physicals.
8. Applications for the announced position are retained for a period not to exceed one year unless re-advertised. Should it be necessary to re- advertise the position, all previous applicants should reapply. **REMINDER:** You may apply for only one position on this employment application.
9. You must notify us immediately if your address or any of the telephone numbers you have listed change. (Note: Completing a U.S. Postal Service forwarding of address form does not release you from notifying us immediately if your address changes). Your name will be removed from consideration for this position if we cannot contact you within a reasonable length of time.
10. The City of Argo is a public employer. Certain information on employment applications, resumes, and contents thereof, are a matter of public record. (Chambers v. Birmingham News Company, 552 S. 2nd 854 (Ala. 1989))

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

# City of Argo



# Employment Application

Position applied for: \_\_\_\_\_

Initials \_\_\_\_\_



**Employment History (List most recent FIRST and INCLUDE ANY LAPSES IN EMPLOYMENT)**

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent

---

Employer's name and address \_\_\_\_\_

Length of employment \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title and classification) \_\_\_\_\_

Salary: ----- Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

---

Employer's name and address \_\_\_\_\_

Length of employment \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title and classification) \_\_\_\_\_

Salary: ----- Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

---

Employer's name and address \_\_\_\_\_

Length of employment \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title and classification) \_\_\_\_\_

Salary: ----- Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

---

Employer's name and address \_\_\_\_\_

Length of employment \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title and classification) \_\_\_\_\_

Salary: ----- Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

---

**PERSONAL REFERENCES**

Name	Telephone	Years Known
	( )	
	( )	
	( )	

**Workers' Compensation/Jurisdictional Agreement/On-the-Job Injuries**

**DUTY TO REPORT:** I understand that I am required to IMMEDIATELY report any ON-THE-JOB injury to my supervisor first and then to the Mayor and City Clerk. \_\_\_\_\_ **Initial**

**MEDICAL CARE MUST BE AUTHORIZED:** I understand that the Personnel Service must approve all treating physicians, diagnostic testing, therapeutic or surgical treatment. FAILURE TO OBTAIN APPROVAL FROM THE CITY OF ARGO WILL RESULT IN AN UNAUTHORIZED TREATMENT AND IT WILL BE MY RESPONSIBILITY AS TO ALL MEDICAL EXPENSES RESULTING FROM THOSE UNAPPROVED \_\_\_\_\_ **Initial**

**DUTIES WITH RESPECT TO MEDICAL:** I agree that it is my responsibility to cooperate and work with the City of Argo and all physicians, diagnostic testing facilities and anyone providing such therapeutic, surgical or other treatment in an effort to get well and return to gainful employment or to reach the maximum recovery possible. I further understand that if I refuse or fail to do so, I will be subject to termination of employment with the Personnel Service and assigned companies. \_\_\_\_\_ **Initials**

**JURISDICTIONAL AGREEMENT:** The scope of applicant's workers' compensation coverage and the benefits payable under the coverage will be determined using the Alabama Workers' Compensation Act. The undersigned acknowledges that the work to be performed will require regular travel in the State of Alabama, as well as in other states. The undersigned acknowledges that the work to be performed will be principally localized in Alabama for the purposes of Workers' Compensation, and the undersigned agrees to accept Alabama Workers' Compensation benefits to be paid under the Alabama Workers' Compensation Act, and further agrees that the jurisdiction of the claim will be in Alabama State court regardless of where the accident or injury occurs or what other states law might be available for such a claim.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

All claims will be examined under the Alabama Workers' Compensation Fraud Act, which provides for up to ten (10) years felony imprisonment for fraudulent claims. The undersigned agrees that he or she will not make any misrepresentations as to his or her physical condition and/or ability to fulfill the duties of the job on any post job offer medical questionnaire. **Further, the Code of Alabama, Section 25-5- 51 provides, "MISREPRESENTATIONS AS TO PRE-EXISTING PHYSICAL OR MENTAL CONDITIONS MAY VOID YOUR WORKERS' COMPENSATION BENEFITS"** The undersigned agrees that the above is also a condition of the applicant's employment. To file a workers compensation claim written notice is required. I agree and understand and have been educated on the reporting procedure of a workers compensation claim. The clauses and paragraphs contained in this Agreement/Application are intended to be read and construed independently of each other. If any term, covenant, condition or provision of this Agreement/Application is held by a court of competent jurisdiction to be invalid, void or unenforceable, it is the parties' intent that such provision be reduced in scope by the court only to the extent deemed necessary by that court to render the provision reasonable and enforceable and the remainder of the provisions of this Agreement/Application will in no way be affected, impaired or invalidated as a result.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Initials \_\_\_\_\_

# Drug Screen Authorization and Consent

I hereby authorize and give full permission to have The City of Argo and/or their medical company physician to send a specimen of my urine and/or blood or hair to a laboratory to screen for the presence of illegal drugs, alcohol, inhalants, or prescription medications with or without a prescription. The term "drugs" includes the illegal use of controlled substances, drugs which are not legally obtainable, or the improper use of prescription drugs. COG is an alcohol and drug free city. COG may drug test under the following circumstances: Pre-employment: Prior to being sent on assignment; Randomly: Random selection of some employees for testing will be done unannounced; For Cause: when it is the company's belief that a drug problem exists (such as evidence of drug abuse, accidents, injuries in the workplace, fights, or other behavioral symptoms of drug abuse, negative performance patterns, excessive absenteeism or tardiness) for cause testing will be utilized; Post Accident: within 24 hours of an on-the-job/work related injury or accident; or Return-to-Duty. The substances that will be tested for are: Any narcotics or other illegal drugs, alcohol, inhalants, prescription medications, or prescription medication without a prescription. The term "drugs and alcohol" includes: anything that may cause you to be under the influence of drugs or alcohol as defined by a drug or alcohol test. Employees who refuse to submit to testing, test positive or admit to substance abuse will be terminated immediately. The results of all drug testing will be treated confidentially, and for no purpose other than for COG to make employment decisions. An employee will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in such a way that prevents completion of the test. I will hold all parties concerned harmless, meaning I will not sue or hold any party responsible for any alleged harm to me or for interfering with my obtaining a job or continuing employment due to not submitting to the test or as a result of a report of the test. This includes, but is not limited to, possible clerical or laboratory error. This policy and authorization have been explained to me in a language I understand, and I have been told if I have any questions about the test that they will be answered. I understand this is a legal binding document because COG is sending me for examination(s) and I am responsible for payment. (After 240 hours of service I may be reimbursed for this drug screen test.) I hereby consent to submit to a urine test and or other test as shall be determined by COG hiring process as well as consenting to any such test while I am employed by COG, in conjunction with the above referenced conditions that may warrant a drug test. I understand that that current use of drugs and/or alcohol shall prohibit me from being employed by COG. I also agree to hold COG and any of its agents harmless from any liability arising from the test process and or results and/or use of results. **I UNDERSTAND FIRST CHOICE PERSONNEL, INC. WILL REQUIRE A DRUG SCREEN WHENEVER AN ON-THE-JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH THE CITY OF ARGO POLICY AND THIS AUTHORIZATION AND CONSENT. I ALSO UNDERSTAND THAT MY REFUSAL TO SUBMIT TO A DRUG TEST AFTER AN ACCIDENT WILL FORFEIT MY RIGHT TO RECOVER BENEFITS UNDER SECTION 25-5-51 OF THE ALABAMA WORKERS' COMPENSATION LAW.**

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**CONDITIONAL EMPLOYMENT:** The activities being performed during any probationary period (this period could be up to five business days) in no way benefits The City of Argo but rather creates an opportunity for the applicant to complete certain tasks necessary to obtain employment. Please be notified that any injuries or accidents that occur during the probationary period will not be covered by any state's worker's compensation act unless the law of the state where the injury occurred is contrary.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

# DISCLOSURE STATEMENT

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for termination. I hereby authorize the City of Argo to investigate my background and verify this information. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the City of Argo at any time. I also authorize this Personnel Service to release the information contained herein and its findings and work history of my employment to other firms or persons upon request. I also understand and agree that I may be expected to work a variety of job assignments

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## PLEDGE TO THE CITY OF ARGO/DISMISSAL & CONDUCT POLICY

As an employee of the City of Argo aforementioned, I pledge:

1. That I understand the importance of safety in my job and will always abide by all safety rules set forth by the City of Argo and the department to which I am assigned.
2. That I understand during the course of my assignment I may have access to or become familiar with trade secrets and sensitive or confidential information (Confidential Matters) of ours or our City's. I agree to hold in strict confidence and not to disclose any Confidential Matters directly or indirectly nor to use them in any way, either during my employment or at any time after its termination.
3. That once I accept an assignment for Personnel Service, whether temporary or permanent, I obligate myself to complete the assignment as agreed.
4. That I understand that if I miss two (2) day's work due to illness I must obtain a doctor's excuse. I also must CALL THE City of Argo and my department supervisor, prior to the start of my shift to report off work.
5. Courtesy toward the public and each other is demanded of all employees of the City of Argo. They shall at all times refrain from using coarse, violent, profane, or insolent language. Any and all employees shall not promote or tolerate rumors detrimental to any person or other employees of the City of Argo which may affect the reputation and/or integrity of that person. Employees shall not publicly criticize orders given by a supervising officer or a public official. No employees shall directly or indirectly speak critically or derogatorily to other employees, regarding any official action or orders or instructions issued by any ranking or supervision officer; neither shall the action or orders of any city official, judge, magistrate, or other public agency be publicly criticized. However, in any case where there is sound reason to believe that such order or instruction is unlawful, correct procedure shall be followed to report such incident
6. **Conduct That May Result in Disciplinary Action:** It is not possible to list all acts of misconduct that may result in disciplinary action. The following list is merely a guideline. Behavior that will result in immediate termination: Possession of illegal drugs, weapons, firearms, or incendiary devices on facility premises; Theft or attempted theft of facility or employee property; Falsification of documents including employment application forms or medical records, including omitting pertinent information; Intentional "no call, no show" absence; Deliberate destruction or misuse of any company property; Violation of patient confidentiality or disclosure of confidential employee records; Refusal to submit to a drug or alcohol screening or search at the facility's request; Consumption of, possession of, alcohol on facility premises; sleeping while on duty; and Conviction of felony. Other behavior that will result in disciplinary action, up to and including termination: Unsatisfactory job performance; Disorderly conduct that may endanger the well-being of any employee or visitor on facility premises; Use of illegal drugs or abuse of any drugs on or off facility premises in violation of drug laws; Abuse of property of patients, guests, or fellow employees; Threatening, intimidating, coercing, or otherwise interfering with the job performance of fellow employees or visitors; Insubordination or refusal to comply with instructions or failure to perform assigned tasks; Use of facility material, time, or equipment for personal use or for the manufacture or production of any item for unauthorized purposes or for personal use; Harassment of employees or facility visitors or retaliation in response to reporting harassment; Immoral or indecent conduct, in the judgment of the facility; Using abusive, profane, or foul language; Excessive absenteeism or tardiness; Absence from work without notice (no-call, no-show); Absence from the facility during working hours without authorization; Gambling or playing games of chance on facility property; Failure to maintain a required license, certification, registration or accreditation; Failure to attend orientation session(s) during introductory period or refusal to attend re-orientation sessions as required by facility policy; Violation of the employer's substance abuse policy; Inappropriate use of email, Internet access, personal website and web logs (blogs); Cell phone usage during work hours; Failure to comply with OSHA standards (e.g., not wearing personal protective equipment in high-risk areas).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date