



TOWN OF DAUPHIN ISLAND
1011 BIENVILLE BLVD
DAUPHIN ISLAND, AL 36528
www.townofdauphinisland.org

Position Information

Position Applying For:

Date:

Personal Information

Last Name:		First Name:	
Mailing Address:		City, State:	Zip Code:
Email Address:			
Day Phone Number:		Message Phone Number:	
Driver's License#	<input type="checkbox"/> None	Class:	State:

*You must have a valid AL driver's license with a clear vehicle record to be insured by our carrier before you can work for the Town.

Do you have a valid Commercial Driver's License (CDL)? Yes No
 If yes, please list endorsements and expiration date:

Has your license ever been revoked or suspended? If "YES", explain.

Educational Information

Name and Location (City/State) of last high school attended:

Indicate last grade completed of last high school: 9 10 11 12 GED Other

Name and Location (City/State) of College/ University/ Other Schools	Dates Attended		Number of Credit Hours Completed	Type of Degree Earned (If Acquired)	Curriculum Major
	From: mm/yy	To: mm/yy			

List any courses or workshops you have attended that relate to the job for which you are applying:

Other Important Information

List computer hardware, software, and other office equipment you can operate and years of experience:

List any other equipment you can operate (hand tools, machinery, etc.) and years of experience:

List Professional organizations, affiliations, certificates, and/ or honors:

Employment History

This section must be completed even if a resume is attached.
(Begin with present or last position held)

		Employer Name and Information		Position Information
From: mm/yy	To: mm/yy	Employer Name		Position Title
Full-time <input type="checkbox"/>		Address		Starting Salary: Ending Salary:
Part-time <input type="checkbox"/>	No. Hrs/week?	City, ST ZIP	Phone #	Supervisor's Name

Duties and Responsibilities:

Reason for Leaving:

Employment Continued

		Employer Name and Information		Position Information
From: mm/yy	To: mm/yy	Employer Name		Position Title
Full-time <input type="checkbox"/>		Address		Starting Salary: Ending Salary:
Part-time <input type="checkbox"/>	No. Hrs/week?	City, ST ZIP	Phone #	Supervisor's Name

Duties and Responsibilities:

Reason for Leaving:

If you need more space for Employment History, please photocopy this page.

Employment Continued

		Employer Name and Information		Position Information
From: mm/yy	To: mm/yy	Employer Name		Position Title
Full-time <input type="checkbox"/>		Address		Starting Salary: Ending Salary:
Part-time <input type="checkbox"/>	No. Hrs/week?	City, ST ZIP	Phone #	Supervisor's Name
Duties and Responsibilities:				
Reason for Leaving:				

Employment Continued

		Employer Name and Information		Position Information
From: mm/yy	To: mm/yy	Employer Name		Position Title
Full-time <input type="checkbox"/>		Address		Starting Salary: Ending Salary:
Part-time <input type="checkbox"/>	No. Hrs/week?	City, ST ZIP	Phone #	Supervisor's Name
Duties and Responsibilities:				
Reason for Leaving:				

Employment Continued

		Employer Name and Information		Position Information
From: mm/yy	To: mm/yy	Employer Name		Position Title
Full-time <input type="checkbox"/>		Address		Starting Salary: Ending Salary:
Part-time <input type="checkbox"/>	No. Hrs/week?	City, ST ZIP	Phone #	Supervisor's Name
Duties and Responsibilities:				
Reason for Leaving:				

If you need more space for Employment History, please photocopy this page.

Additional Information

Please explain your reasons for interest in this position. Also, provide any additional information which more fully describes your qualifications, experience, and education.

References

List 3 persons other than relatives or supervisors who can attest to your character and ability regarding the position for which you are applying.

Name	Title/Occupation	Years Known

Conditions of Employment

Please read carefully before signing.

You must sign this statement to be considered for employment..

I, the undersigned, certify that all information given by me in this application is true. I understand that false information (misrepresentation or omission of information) will disqualify me from employment or cause my subsequent dismissal. I authorize investigation of all statements contained herein. I also authorize the employers and/or references listed to release any and all information concerning my current and previous employment and any pertinent information. Additionally, I release all parties from any liability for any damages that may result from furnishing such information. In submitting this application, I further understand that all application materials provided become public record and property of the Town of Dauphin Island and will not be returned. Public records are required to be available during normal business hours to any person, including the news media.

Applicant's Signature

Date



The Town of Dauphin Island is an Equal Opportunity Employer.

APPLICATION FOR EMPLOYMENT

Revised 03/2010

FOR DEPARTMENT USE ONLY

Date application received:

Received by:

TOWN OF DAUPHIN ISLAND BENEFIT SUMMARY AND EMPLOYMENT INFORMATION
Town employees enjoy a great benefit package! Below are some of the highlights.

EMPLOYEE BENEFITS

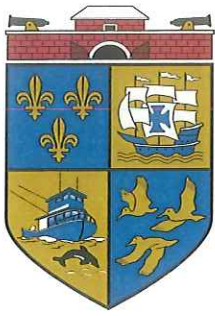
- **SALARY:** Salary is paid bi-weekly through mandatory electronic deposit. Based on funding availability and approval, full-time employees may receive regular pay increases and longevity pay, based on service
- **INSURANCE:** Current and future full-time employees, **must** be enrolled for acceptance into the Town's group insurance Program unless proof of other **group insurance** is provided. Application fee for enrollment into the program is \$50.00. Single or family group health insurance and dental insurance are available to full-time employees. The Town provides \$20,000.00 life insurance at no charge.
- **RETIREMENT:** Full-time employees participate in the Employees' Retirement System through the State of Alabama. This plan provides retirement at 25 years of service regardless of age.

- **PAID HOLIDAYS:** New Year's Day, Robert E. Lee/Martin Luther King Day, Mardi Gras, Good Friday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving and Friday after, and Christmas Day with either the preceding or following day off. (**Full-time employees**).
- **LEAVE:** Full-time employees accrue Vacation and Sick leave at 3.69 hours per pay period (bi-weekly) which, if unused in a one year period, accrues to 12 days per year. Employees also enjoy additional accrual of vacation every five (5) years of continuous service.

GENERAL INFORMATION

- **EMPLOYMENT REQUIREMENTS:** All persons employed by the Town take a pre-employment medical exam, which includes drug and alcohol testing. Driver's license checks are required where applicable.
- All employees (and elected officials) are subject to random drug and alcohol screening.

This Benefit Summary is not intended as a contractual agreement. Based on economic/budget conditions, the town may add to, delete, or amend in whole or part, terms, and conditions of employment, including compensation, benefits, policies, and any other working condition at any time, at the sole discretion of the Town Council or as delegated by the Mayor, except where provided otherwise by contract or law. Terms/ conditions are subject to change during an employee's employment. Current as of 03-2010; subject to change without notice.



Dauphin Island

Police Department

1017 Desoto Avenue

Dauphin Island, Alabama 36528

Telephone: (251) 861-5523

Fax: (251) 861-5532

Email: kclaw@townofdauphinisland.org

Kym Claw

Chief of Police

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any officer or other authorized representative of the Dauphin Island Police Department, Bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my CPS/State Bar records (including any grievance records), employment, military, educational attendance, athletic, personal history, and disciplinary records, medical records, credit records, (including credit card and payment device numbers), and law enforcement record (including but not limited to, and Internal Affairs Officer, any record of charge, prosecution or conviction for criminal or civil offenses.) I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Dauphin Island Police Department, Consent is granted for the Dauphin Island Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, universtiy or other educational institution, consumer reporting agency, retail business establishment, law enforcement agency or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liabilities for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by State statue or regulation. Should there be any question as to validity of this release, you may contact me as indicated below:

Full Name: _____ Date: _____

Social Security Number: _____

Date Of Birth: _____

Current Address: _____

Signature: _____