

APPLICATION FOR EMPLOYMENT

CULLMAN COUNTY

PERSONNEL DEPARTMENT

Phone: (256) 775-4884 or (256) 775-4879

Email: personnel@co.cullman.al.us

Cullman County Courthouse, Room 107 ~ Cullman, Alabama 35055

AN EQUAL OPPORTUNITY EMPLOYER

To The Applicant:

WE APPRECIATE YOUR INTEREST IN EMPLOYMENT WITH CULLMAN COUNTY, ALABAMA AND ASSURE YOU THAT WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION, AS A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL AID US IN EVALUATING AND IDENTIFYING YOU FOR THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS. CULLMAN COUNTY, ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER. 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.

PERSONAL

POSITION DESIRED		DATE	
NAME:	LAST	FIRST	MIDDLE
PRESENT ADDRESS	NO. STREET	HOME PHONE NUMBER	
CITY	STATE	ZIP	SOCIAL SECURITY NO. (Voluntary Disclosure)
LIST ANY OTHER NAMES YOU HAVE EVER GONE BY			TELEPHONE WHERE YOU MAY BE REACHED BETWEEN 8 AM - 5 PM
IN CASE OF EMERGENCY NOTIFY			PHONE NO.
HAVE YOU EVER WORKED FOR THE COUNTY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHICH DEPARTMENT(S)? _____			
DO YOU HAVE RELATIVES EMPLOYED BY THE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, LIST NAMES, RELATIONSHIP AND DEPARTMENT WHERE THEY WORK			
NAME		RELATIONSHIP	DEPARTMENT
NAME		RELATIONSHIP	DEPARTMENT
HAVE YOU EVER BEEN DISCHARGED FROM ANOTHER JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO A YES RESPONSE WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT WITH THE COUNTY.			
IF YES, EXPLAIN _____			
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ANY OTHER OFFENSE OTHER THAN TRAFFIC CITATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO A YES RESPONSE WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT WITH THE COUNTY.			
IF YES, EXPLAIN _____			
WERE YOU IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT BRANCH? _____			
DATE OF DUTY: FROM _____ TO _____		RANK AT DISCHARGE _____	
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ALIEN REGISTRATION NUMBER (IF APPLICABLE) _____			

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	DEGREE AND MAJOR
			5	6	7	8		
ELEMENTARY AND MIDDLE		X					<input type="checkbox"/> YES <input type="checkbox"/> NO	X
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER							<input type="checkbox"/> YES <input type="checkbox"/> NO	

DRIVING - DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

DRIVER LICENSE TYPE: REGULAR; CDL CLASS A; CDL CLASS B; CDL WITH PASSENGER ENDORSEMENT

DRIVER LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____

EQUIPMENT - LIST THE KINDS OF EQUIPMENT YOU CAN OPERATE AND THE DEGREE OF YOUR PROFICIENCY (if operation of the equipment might be considered relevant to the job you seek.)

OFFICE - LIST SPECIFIC OFFICE EQUIPMENT/SOFTWARE YOU ARE CAPABLE OF UTILIZING WITHOUT ASSISTANCE:

OTHER - LIST ANY ADDITIONAL SKILLS, EXPERIENCE, OR QUALIFICATIONS NOT LISTED ABOVE OR ELSEWHERE ON THIS APPLICATION. INCLUDE VOLUNTEER WORK WHICH YOU HAVE DONE THAT MIGHT BE RELEVANT TO THE POSITION YOU SEEK.

HEALTH CERTIFICATION / MEDICAL CONSENT

I CERTIFY THAT I HAVE NO PHYSICAL LIMITATIONS WHICH WILL PREVENT MY EFFECTIVELY PERFORMING, WITH OR WITHOUT REASONABLE ACCOMMODATIONS, THE JOB FOR WHICH I AM APPLYING. UPON A CONDITIONAL JOB OFFER AND IF REQUIRED FOR MY POSITION, I CONSENT TO AN INITIAL PHYSICAL EXAM, PERIODIC PHYSICAL EXAMS AND BLOOD OR URINE ANALYSIS AT COUNTY EXPENSE. I UNDERSTAND THAT THIS ANALYSIS MAY TEST FOR CONTROLLED SUBSTANCES.

(signed) _____

AVAILABILITY

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? _____

IF AVAILABLE FOR TEMPORARY WORK, INDICATE SHORTEST ASSIGNMENT YOU WOULD ACCEPT.

ONE MONTH THREE MONTHS SIX MONTHS SUMMER

ARE YOU AVAILABLE TO WORK? _____ FULL TIME _____ PART TIME _____ SHIFT WORK _____ OVERTIME

IF THERE ARE ANY HOURS YOU ARE UNWILLING TO WORK, WHAT ARE THEY? _____

Work Experience

GIVE YOUR EMPLOYMENT HISTORY BELOW; BEGINNING WITH YOUR MOST RECENT EMPLOYMENT AND WORKING BACK. YOU MAY ATTACH ADDITIONAL SHEETS IF REQUIRED.

ALL BLANKS MUST BE COMPLETED FULLY.

1 DATES OF EMPLOYMENT (Month, Day, Year) FROM TO	EXACT TITLE OR POSITION	SALARY OR EARNINGS STARTING \$ FINAL \$
NAME & ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SUPERVISOR/TELEPHONE NUMBER
REASON FOR LEAVING:		
DESCRIPTION OF DUTIES & RESPONSIBILITIES INCLUDING NUMBER & TYPE OF EMPLOYEES SUPERVISED:		
MAY WE CONTACT?		

2 DATES OF EMPLOYMENT (Month, Day, Year) FROM TO	EXACT TITLE OR POSITION	SALARY OR EARNINGS STARTING \$ FINAL \$
NAME & ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SUPERVISOR/TELEPHONE NUMBER
REASON FOR LEAVING:		
DESCRIPTION OF DUTIES & RESPONSIBILITIES INCLUDING NUMBER & TYPE OF EMPLOYEES SUPERVISED:		
MAY WE CONTACT?		

3 DATES OF EMPLOYMENT (Month, Day, Year) FROM TO	EXACT TITLE OR POSITION	SALARY OR EARNINGS STARTING \$ FINAL \$
NAME & ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SUPERVISOR/TELEPHONE NUMBER
REASON FOR LEAVING:		
DESCRIPTION OF DUTIES & RESPONSIBILITIES INCLUDING NUMBER & TYPE OF EMPLOYEES SUPERVISED:		
MAY WE CONTACT?		

4 DATES OF EMPLOYMENT (Month, Day, Year) FROM TO	EXACT TITLE OR POSITION	SALARY OR EARNINGS STARTING \$ FINAL \$
NAME & ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SUPERVISOR/TELEPHONE NUMBER
REASON FOR LEAVING:		
DESCRIPTION OF DUTIES & RESPONSIBILITIES INCLUDING NUMBER & TYPE OF EMPLOYEES SUPERVISED:		
MAY WE CONTACT?		

Personal References

LIST FOUR PERSONS OTHER THAN FORMER EMPLOYERS, SUPERVISORS, OR RELATIVES WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS AND BACKGROUND. REFERENCES DO NOT HAVE TO BE LOCAL.

NAME AND OCCUPATION	ADDRESS	TELEPHONE

UNLESS OTHERWISE SPECIFIED HEREIN, I AUTHORIZE ALL PERSONS LISTED AS REFERENCES AND ALL FORMER EMPLOYERS TO RELEASE INFORMATION TO THE CULLMAN COUNTY PERSONNEL OFFICE RELATIVE TO MY EDUCATION, TRAINING, QUALIFICATIONS, WORK HISTORY, AND GENERAL FITNESS FOR EMPLOYMENT.

(SIGNATURE) _____

(DATE) _____

PLEASE READ CAREFULLY APPLICANTS CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, FINANCIAL AND CREDIT RECORD, AND POLICE RECORD THROUGH ANY INVESTIGATIVE AGENCIES OR BUREAUS OF YOUR CHOICE.

DATE: _____

APPLICANT SIGNATURE _____

FOR PERSONNEL USE ONLY

INTERVIEWER	DATE	MEETS MINIMUM QUALIFICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS		

HIRE DATE: _____

DEPARTMENT: _____

JOB CLASSIFICATION: _____

SALARY: _____