

## APPLICATION FOR EMPLOYMENT

RETURN TO: WALKER COUNTY CIVIL SERVICE BOARD  
1801 3<sup>RD</sup> AVENUE S., SUITE 212  
JASPER, ALABAMA 35501

DEAR APPLICANT:

WE WELCOME YOU AS AN APPLICANT FOR EMPLOYMENT. YOUR APPLICATION WILL BE CONSIDERED WITH OTHERS. IT IS OUR POLICY TO PROVIDE EQUALITY OF OPPORTUNITY IN EMPLOYMENT. THIS POLICY PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, POLITICAL AFFILIATION, DISABILITY, MARITAL STATUS, SEX, AGE OR PHYSICAL OR MENTAL DISABILITY WHICH DOES NOT PREVENT SUCCESSFUL PERFORMANCE OF JOB DUTIES, IN ALL ASPECTS OF OUR PERSONNEL POLICIES, PROGRAMS, PRACTICES AND OPERATIONS. THIS POLICY APPLIES TO FULL, PART TIME, TEMPORARY AND SEASONAL EMPLOYMENT.

THE INFORMATION CONTAINED IN THIS APPLICATION WILL BE CONSIDERED PERSONAL AND CONFIDENTIAL AND USED ONLY IN CONJUNCTION WITH YOUR POSSIBLE EMPLOYMENT. PLEASE FURNISH US WITH COMPLETE INFORMATION. YOU ARE ENCOURAGED TO ATTACH ANY ADDITIONAL INFORMATION WHICH YOU BELIEVE QUALIFIES YOU FOR THE POSITION.

**\*\*EQUAL OPPORTUNITY EMPLOYER**

PLEASE USE INK OR TYPEWRITER

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POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

WHERE DID YOU RESIDE LAST BEFORE COMING TO WALKER COUNTY?

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GIVE STREET AND HOUSE NUMBER, CITY AND STATE

IF YOU ARE NOT A CITIZEN OF THE UNITED STATES DO YOU HAVE BUREAU OF IMMIGRATION APPROVAL TO WORK IN THE U.S.?

YES \_\_\_\_\_ NO \_\_\_\_\_

## EDUCATIONAL INFORMATION

CIRCLE THE HIGHEST GRADE COMPLETED –

GRADE SCHOOL – 1 2 3 4 5 6 7 8

HIGH SCHOOL – 9 10 11 12 OR GED

MUST PROVIDE COPY OF DIPLOMA OR GED

COLLEGE – 13 14 15 16

POST GRADUATE – MA PHD LLB

TYPE OF SCHOOL	NAME & ADDRESS	FROM	TO
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HIGH SCHOOL

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COLLEGE OR UNIVERSITY

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GRADUATE SCHOOL

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TECHNICAL

LIST ANY CURRENT LICENSES, REGISTRATION OR CERTIFICATES THAT YOU POSSESS. INCLUDE DRIVERS LICENSE NUMBER, CLASS AND STATE OF ISSUE.

IF APPLYING FOR THE POSITION OF HEAVY EQUIPMENT OPERATOR DO YOU POSSESS A CURRENT COMMERCIAL DRIVERS LICENSE?

YES \_\_\_\_\_ NO \_\_\_\_\_

TO THE BEST OF KNOWLEDGE ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANYONE PRESENTLY EMPLOYED BY WALKER COUNTY?

YES \_\_\_\_\_ NO \_\_\_\_\_

TO BE COMPLETED BY APPLICANTS FOR LABOR AND SKILLED TRADE POSITIONS ONLY

APPRENTICESHIP(S) SERVED OR TRADES LEARNED: \_\_\_\_\_

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CAPABLE OF OPERATING THE FOLLOWING EQUIPMENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AVAILABILITY

WHEN WILL YOU BE ABLE TO BEGIN WORK? \_\_\_\_\_

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

1 MONTH \_\_\_\_\_ 3 MONTHS \_\_\_\_\_ 6 MONTHS \_\_\_\_\_ SUMMER \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR AN OFFENSE INVOLVING MORAL TURPITUDE? (DO NOT INCLUDE TRAFFIC VIOLATIONS)

YES \_\_\_\_\_ NO \_\_\_\_\_

IF ANSWER IS "YES" GIVE THE DATE, PLACE AND NATURE OF THE OFFENSE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN TERMINATED FROM A JOB FOR CAUSE?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, GIVE DATE, NAME OF EMPLOYER AND OTHER DETAILS.

\_\_\_\_\_  
\_\_\_\_\_

REFERENCES (LIST THREE PERSONS OTHER THAN FORMER EMPLOYERS OR SUPERVISORS WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS AND BACKGROUND).

NAME

ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK EXPERIENCE

DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR PREVIOUS EMPLOYER?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

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

NAME & ADDRESS OF EMPLOYER

YOUR TITLE

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

NAME AND TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DESCRIBE YOUR WORK: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

NAME & ADDRESS OF EMPLOYER

YOUR TITLE

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

NAME AND TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DESCRIBE YOUR WORK: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

NAME & ADDRESS OF EMPLOYER

YOUR TITLE

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

NAME AND TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DESCRIBE YOUR WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OF FALSEHOOD CONTAINED HEREIN WILL BAR ME FROM EMPLOYMENT WITH THE COUNTY OR BE CAUSE FOR MY SUBSEQUENT DISMISSAL.

IT IS FURTHER UNDERSTOOD THAT I HAVE THE RIGHT TO REQUEST INFORMATION CONCERNING THE NATURE AND SCOPE OF THE INVESTIGATION. UPON SUCH REQUEST IN WRITING, I WILL BE FURNISHED A WRITTEN REPORT WITHIN FIVE DAYS.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

