

Application For Employment

AUTAUGA COUNTY COMMISSION 134 N. Court St. Room 106 • Prattville, AL 36067 • (334) 361-3701

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On What date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job required it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Name

Position

Date

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United State military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number (s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason For Leaving			
	Supervisor			
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number (s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason For Leaving			
	Supervisor			
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number (s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason For Leaving			
	Supervisor			

4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and office held.
 You may exclude membership which would reveal gender, race, religion, and national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> Fax	<input type="checkbox"/> Word	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

References

1.	_____	()
	(Name)	Phone #
2.	_____	()
	(Name)	Phone #
3.	_____	()
	(Name)	Phone #

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for Is Open: Yes No

Position(s) Considered For: _____

Date _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the employer.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks: _____

Interviewer _____ Date _____

Employed: Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By (Name and Title) _____ Date _____

NOTES: _____

