

DO NOT WRITE IN THIS SPACE

APPLICATION FOR EXAMINATION

RETURN TO: STATE PERSONNEL DEPARTMENT
64 NORTH UNION STREET, SUITE 300
MONTGOMERY, ALABAMA 36130

AN EQUAL OPPORTUNITY EMPLOYER

General Instructions

A separate application is required for each job. Do not write in shaded areas. Complete all parts of the application. Applications not properly completed will be returned. Photocopied and facsimile applications will be accepted.

ENTER SOCIAL SECURITY NUMBER BELOW.

Grid for entering Social Security Number: [ ][ ]-[ ][ ]-[ ][ ][ ][ ]

Examination For Which You Are Applying (one per application) [ ] [ ] Option (if applicable)

Full Name (First, Middle, Last), Address (House or Apartment Number, Street, City, State, County, Zip Code), Telephone Number: Home (Area Code), Work (Area Code)

The following information is required for governmental reporting or recordkeeping purposes:

Date of Birth (Month, Day, Year), Sex (check one) 1. ( ) Male 2. ( ) Female, Race (check one) 1. ( ) White 2. ( ) Black 3. ( ) Hispanic 4. ( ) Asian or Pacific Islander 5. ( ) American Indian or Alaskan Native 6. ( ) Other

EDUCATION: Table with columns for school grade completed (1-12, College 1-4) and rows for ED and LC.

PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK.

Table for school attendance with columns: Name and Location of School, Dates of Attendance (Month/Year, From, To), Credit Hours (Sem., Qtr.), Did You Graduate? (Yes, No), Type of Degree and Date, Major.

PROFESSIONAL LICENSE OR CERTIFICATE

Table for professional license with columns: License/Certificate Issued By, Field/Trade/Specialization, License/Certificate No., Issue Date, Expiration Date.

LIST COURSES (AND HOURS) WHICH ARE PARTICULARLY RELATED TO THE POSITION (attach additional sheets, if needed).

Blank lines for listing courses related to the position.

CERTIFICATION STATEMENT

I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I know that any false statements may cause me to be denied the chance for testing, to be removed from an employment register, or to be released from employment. I will not discuss the test I have taken. I further authorize the release of all relevant prior employment, military service and criminal records. If employed I agree, consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for any overtime hours worked.

Signature \_\_\_\_\_ Date \_\_\_\_\_

During the application process, including testing and employment consideration, your name may be removed from an employment register for any disqualifying reason.

SOCIAL SECURITY NUMBER : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Should you need testing accommodations due to a health problem or disability, you must contact the State Personnel Department.

Have you ever been involuntarily terminated, discharged, forced or asked to resign from any job? ( ) Yes ( ) No

If you answered **Yes** to the above question, attach an explanation on a separate sheet noting any mitigating or extenuating circumstances.

Have you ever been convicted of a misdemeanor or felony crime? ( ) Yes ( ) No

If you answered **Yes** to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT, EXCEPT THAT A FELONY CONVICTION WILL BAR EMPLOYMENT IN A LAW ENFORCEMENT JOB; THE DISCLOSURE OF A MISDEMEANOR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.**

**WORK HISTORY**

**THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME' IS ATTACHED.**

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. **Each time you changed jobs or your title changed should be listed as a separate period.** Describe in detail your duties. (Attach additional sheets if needed.)

1. Current or Last Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? ( ) Yes ( ) No	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

2. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? ( ) Yes ( ) No	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

3. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? ( ) Yes ( ) No	
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties in Detail							

4. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? ( ) Yes ( ) No	
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties in Detail							

5. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? ( ) Yes ( ) No	
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties in Detail							

**6. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS.**

**References:** At the time of interview, you may be asked to furnish names and addresses of reliable persons, not relatives or present employer, who know you well enough to give information about you.



