

Application For Employment

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.

{Please Print}

Position{s} Applied For

Date of Application

How did you learn about Us?

☐ Advertisement

☐ Friend

☐ Walk-In

☐ Employment Agency

☐ Relative

☐ Other

Do you have a current drivers license?

☐ Yes

☐ No

Last Name

First Name

Middle Name

Address

Street

City

State

Zip Code

Telephone Number(s)

Social Security Number

Have you ever filed an application with us before?

If yes, give date

☐ Yes ☐ No

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 for 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 job requires it?

☐ Yes ☐ No

Have you ever been convicted of a felony or domestic violence?

☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

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

Indicate any foreign language you can speak, read and or write			
Fluent	Intermediate	Beginner	None

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any special training apprenticeship skills and extra-curricular activities

[illegible]

Describe any job-related training received in the United States Military

Describe any job-related training received in the United States 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		Date Employed	Work Performed
Address		From - To	
Telephone Numbers{S}			
Job Title	Supervisor	Hourly Rate/Salary	
Reason for Leaving		Starting - Final	
{2} Employer		Date Employed	Work Performed
Address		From - To	
Telephone Number{s}			
Job Title	Supervisor	Hourly Rate/Salary	
Reason for Leaving		Start - Final	
{3} Employer		Date Employed	Worked Performed
Address		From - To	
Telephone Number{s}			
Job Title	Supervisor	Hourly Rate/Salary	
Reason For Leaving		Start - Final	
{4} Employer		Date Employed	Worked Performed
Address		From - To	
Telephone Number{s}			
Job Title	Supervisor	Hourly Rate/Salary	
Reason for Leaving		Start - Final	

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

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

5. Did you ever "lay out" of work or abuse sick leave? ☐ Yes ☐ No
6. Without prior approval, have you come in late for work more than three (3) times?
☐ Yes ☐ No
7. Have you ever slept on any job without authorization? ☐ Yes ☐ No
8. Have you withheld any information on this application about any places of prior employment or reasons of leaving? ☐ Yes ☐ No

Military Record

1. Have you ever served in the Armed Forces on either Active Duty, Reserve, or National Guard status? ____ Yes ____ No

2. Are you registered in the Selective Service? ____ Yes ____ No

3. List below all military service performed.

Dates		Branch of Service	Active or Reserve	Highest & Last Rank	Service Number	Type of Discharge	Type of Release from Active Duty
From	To						

5. Are you a member of the National Guard or another Reserve Unit? ____ Yes ____ No If yes, what Branch? _____

6. If you are in a pay status requiring drills, meetings or camps, give Unit and Location _____

7. List below all disciplinary actions taken against you by military authorities while in the military service.

Date	Charge	Type of Action	Disposition

8. Did you have military security clearance? ____ Yes ____ No If yes, why _____

a. What type? _____

b. Were you ever denied a military security clearance? ____ Yes ____ No If yes, why? _____

9. Were you ever AWOL? ____ Yes ____ No

10. Were you ever investigated by any military authorities? ____ Yes ____ No If yes, please explain

11. Did you receive any training in the U.S. Armed Forces that is relevant to the position for which you are applying? ____ Yes ____ No If yes, please explain under the Further Explanation section.

Please continue to next section.

Arrest and Criminal Activity.

Please note: A conviction record will not necessarily be a bar to employment.

1. List all arrests, including any resulting in youthful offender treatment.

Date	Location	Offense	Disposition

2. Were you ever in any serious trouble as a juvenile? ____ Yes ____ No
3. Has a warrant ever been issued against you? ____ Yes ____ No If yes, please explain under the Further Explanation section.
4. Are there any outstanding warrants for your arrest at this time? ____ Yes ____ No
5. Have you ever been questioned and released by the police for any reason? ____ Yes ____ No
6. Has anyone ever had a warrant taken out against you? ____ Yes ____ No If yes, please explain under the Further Explanation section.
7. Have you ever committed, participated in, or conspired to any of the crimes listed below? This includes whether or not you were caught or whether or not you were convicted. Answer each with a "Yes" or "No". If any are answered "Yes", please explain fully under the Further Explanation section.

Assault _____
 Robbery _____
 Statutory Rape _____
 Forgery _____
 Burglary _____
 Bombing _____
 Sabotage _____
 Rioting _____
 Vandalism _____
 Arson _____
 False fire alarm _____
 Sold stolen property _____
 Gambling _____
 Offer a bribe _____
 Accept a bribe _____
 Child abuse _____

Left the scene of an accident _____
 Harassing phone calls _____
 Any sexual offense _____
 Wrote checks on closed account _____
 Illegal use of credit card _____
 Use of a forged instrument _____
 Caused death of another person _____
 Demonstration with subversive group _____
 Contributing to delinquency of minor _____
 Purse snatching _____
 Criminal surveillance/eavesdropping _____
 Received stolen property _____
 Soliciting for immoral purpose _____
 Acted as or used a prostitute _____
 Threatened anyone with a weapon _____
 Unauthorized use of vehicle _____

Domestic Violence _____
Incest _____
Pornography _____

Made a false police report _____
Smuggled contraband into a jail or prison _____

8. List below everything you have ever stolen valued at more than \$100.

9. List below everything you have ever stolen valued at less than \$100.

10. Have you ever stolen, participated in, or conspired to any of the situations listed below? This includes whether or not you were caught or whether or not you were convicted. Answer each with a "Yes" or "No". If any are answered "Yes", please explain fully under the Further Explanation section.

Theft of cash _____
Theft from a relative _____
Theft from a friend _____
Theft from a store _____
Theft of mail _____
Theft from an auto _____
Auto theft _____

Theft from an employer _____
Theft from a neighbor _____
Theft from another employee _____
Any type of fraud _____
Changed price tag _____
Made a false insurance claim _____

Please continue to next section.

Driver's License and Traffic History

1. Do you possess a valid Alabama Driver's License? Yes No

a. Driver's License # _____ Expiration Date _____

b. Restrictions _____ Class _____

2. If you have ever been issued a driver's license by a state other than Alabama, complete the following:

Issuing State	Date Issued	From	To

3. Have you ever had your driver's license suspended or revoked? _____ Yes _____ No If yes, complete the following:

State	When	Why

4. List all traffic violations.

4. List all traffic tickets you have received in any state.

[illegible]

5. Do you have any traffic or parking tickets in any state that have not been paid? ____ Yes ____ No
If yes, please explain fully under the Further Explanation section.

6. List all traffic accidents you have had in the last five (5) years. Please attach a supplementary sheet if additional space is required.

Date	City/State	Law Enforcement Agency	Who Was at Fault

7. While driving, did you ever hit another vehicle, pedestrian, or object and leave the scene without stopping? ____ Yes ____ No If yes, please explain fully under the Further Explanation section.

8. Had you been drinking prior to any motor vehicle accident in which you may have been involved?
____ Yes ____ No

Please continue to next section.

Organizations

1. Please put a check mark next to any organization in which you are either currently involved or have been involved with in the past. If you put a check mark next to any of these organizations, please explain fully under the Further Explanation section.

Communist Party _____

Nazi Party _____

Socialist Party _____

Black Panthers _____

Skin Heads _____

Any Street Gang _____

Aryan Nation _____

Ku Klux Klan _____

Green Peace _____

Posse Comitatus _____

Any Motorcycle Gang _____

2. List below any clubs or organizations not listed above of which you are a current or former member and explain fully under the Further Explanation section:

3. Have you ever attended a meeting of any of the above listed groups? ____ Yes ____ No If yes, please explain fully under the Further Explanation section.

4. Have you ever contributed money to such a group? ____ Yes ____ No If yes, please explain fully under the Further Explanation section.

5. Have you ever distributed materials or literature for such a group? ____ Yes ____ No

6. Have you ever requested information or literature from such a group? ____ Yes ____ No

7. To the best of your knowledge, are any family members or friends involved in such a group? ____ Yes ____ No

Please continue to next section.

Questions for Prior Criminal Justice Employees

Complete the following questions ONLY if you are currently or were ever involved or employed in criminal justice work. If a particular question does not apply, please check "N/A" (not applicable). If the answer to any question is "Yes", please explain fully under the Further Explanation section.

Are you currently or were you ever involved or employed in criminal justice work? ☐ Yes (if yes, please continue with questions 1-19) ☐ No (if no, please skip questions 1-19 and continue to the Miscellaneous section).

1. Have you ever received payoffs from criminals? ☐ Yes ☐ No ☐ N/A
2. Have you ever stolen anything from anyone you arrested? ☐ Yes ☐ No ☐ N/A
3. Have you ever accepted a bribe? ☐ Yes ☐ No ☐ N/A
4. Have you ever received any type gratuity for dropping a case or disposing of an arrest ticket?
☐ Yes ☐ No ☐ N/A
5. Have you ever tampered with evidence? ☐ Yes ☐ No ☐ N/A
6. Have you kept for your own use any type of illegal drugs taken from anyone who had been arrested or detained or questioned? ☐ Yes ☐ No ☐ N/A
7. Have you personally kept seized weapons for your own use? ☐ Yes ☐ No ☐ N/A
8. Have you ever intentionally destroyed a case file, computer record, or official report?
☐ Yes ☐ No ☐ N/A
9. Have you ever intentionally falsified a case file, computer entry, or official report?
☐ Yes ☐ No ☐ N/A
10. Have you ever planted evidence? ☐ Yes ☐ No ☐ N/A
11. Have you ever stolen anything from a business establishment while on duty?
☐ Yes ☐ No
12. Were you ever suspended? ☐ Yes ☐ No
13. Did you ever "cover up" a criminal offense for a friend or relative? ☐ Yes ☐ No ☐ N/A
14. Did you ever tell a civilian friend, acquaintance, or relative about an active investigation involving them? ☐ Yes ☐ No ☐ N/A
15. Since being in criminal justice work, have you used any illegal drugs? ☐ Yes ☐ No
16. Did you ever keep any lost or found property turned in by citizens? ☐ Yes ☐ No

Medical Record

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information", as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Height _____

Weight _____

2. Read each of the following items carefully, check "Yes" for the illnesses or injuries that you now have or that you have had in the past. Check "No" for those which you do not have or have not had. If you answer "Yes" to any conditions, please explain fully under the Further Explanation section.

NOTE: Check "Yes" only for those conditions for which you sought medical attention or that are chronic in nature. All others, list and attach an additional sheet.

Yes	No		Yes	No	
☐	☐	Asthma/Respiratory	☐	☐	Head injury
☐	☐	Allergies	☐	☐	Convulsive seizures
☐	☐	Any blood disorders	☐	☐	AIDS
☐	☐	Internal bleeding (nose, lungs, urine, stool)	☐	☐	Alcoholism
☐	☐	Back injury	☐	☐	Any mental disorder
☐	☐	Amputation	☐	☐	Diabetes
☐	☐	Fracture/broken bones	☐	☐	Cysts/Tumors
☐	☐	Any joint conditions	☐	☐	Abnormal organ conditions
☐	☐	Cartilage injury/sprain	☐	☐	Abnormal gland conditions
☐	☐	Arthritis/Bursitis	☐	☐	Any speech defect
☐	☐	Foot trouble	☐	☐	Any skin disorders
☐	☐	Other bone conditions	☐	☐	Varicose veins
☐	☐	Any heart conditions	☐	☐	Abnormal blood pressure
☐	☐	Defective color perception	☐	☐	Abnormal ear conditions
☐	☐	Eyeglasses/Contact lenses	☐	☐	Hearing loss
☐	☐	Other eye conditions	☐	☐	Ulcers
☐	☐	Repeated headaches	☐	☐	Hospitalized any reason
☐	☐	Fainting attacks	☐	☐	Any surgery
☐	☐	Epilepsy	☐	☐	Any psychiatric exam
☐	☐	Blackouts	☐	☐	Cancer
☐	☐	Migraine headaches	☐	☐	Any contagious disease
☐	☐	Paralysis	☐	☐	Strokes

3. To your knowledge, do you presently need any kind of operation? _____ Yes _____ No

4. What is the most serious health problem that you have ever experienced?

5. Have you ever had or do you currently have any phobia(s) (fears)? For example, snakes, heights, blood, small places, etc. ☐ Yes ☐ No
6. Have you ever been treated for an emotional or nervous problem by any kind of doctor or counselor? ☐ Yes ☐ No
7. Have you ever thought of or attempted suicide? ☐ Yes ☐ No
8. Are you presently taking any medications or prescription drugs (excluding birth control pills)? ☐ Yes ☐ No If yes, please explain fully under the Further Explanation section.
9. Have you ever been rejected from any type employment for medical reasons? ☐ Yes ☐ No If yes, please explain fully under the Further Explanation section.
10. What is the average number of days you are out of work/school each year for medical reasons?
- _____
11. Have you ever received compensation as a result of an automobile accident? ☐ Yes ☐ No If yes, please explain fully under the Further Explanation section.
12. Have you ever sued anyone as a result of an injury? ☐ Yes ☐ No If yes, please explain fully under the Further Explanation section.
13. Have you ever received compensation due to an injury you received? ☐ Yes ☐ No If yes please explain fully under the Further Explanation section.
14. Do you have any condition that would likely affect your job performance, either now or in the future? ☐ Yes ☐ No If yes, please explain fully under the Further Explanation section.

Please continue to next section.

Additional Information

Other Qualifications

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

Specialized Skills

Circle equipment/software operated

PC

Fax

Calculator

Typewriter

Wordperfect

Microsoft Office

List all production or mobile machinery

Other Software:

State any additional information or qualifications not addressed in any area in the above application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS 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	Address	Phone #
2	Name	Address	Phone #
3	Name	Address	Phone #

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 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 require as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this 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 am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Employed ☐ Yes ☐ No

Interviewer _____ Date _____
Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____ Name and Title _____ Date _____

NOTES