

DALE COUNTY COMMISSION
202 S HWY 123 SUITE C
OZARK, AL 36360
EQUAL OPPORTUNITY EMPLOYER

Confidential Employment Application

DEPARTMENT APPLYING: _____ POSITION APPLYING: _____

SHIFT/HOURS DESIRED: _____ FULL-TIME _____ PART-TIME _____ TEMPORARY _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____
(STREET NO.) (CITY) (ST) (ZIP) (COUNTY)

HOME PHONE (____) _____ MOBILE PHONE (____) _____

EDUCATION INFORMATION: (CIRCLE HIGHEST GRADE COMPLETED)
GRADE SCHOOL HIGH SCHOOL COLLEGE/UNIV. POST GRADUATE
1 2 3 4 5 6 7 8 9 10 11 12 or GED 13 14 15 16 MA PHD LLB

NAME AND LOCATION	YEAR GRADUATED	MAJOR/AREA OF STUDY
HIGH SCHOOL _____		

COLLEGE/
UNIVERSITY _____

SPECIALIZED TRAINING/
TRADE SCHOOL _____

OTHER EDUCATION: _____

COMPUTER ABILITY _____ YES _____ NO WORDS PER MINUTE _____

TYPES OF COMPUTER PROGRAMS FAMILIAR: _____

CAPABLE OF OPERATING THE FOLLOWING EQUIPMENT AND AREAS OF EXPERIENCE FOR POSITION APPLIED:
(ALSO INDICATE NUMBER OF YEARS OF EXPERIENCE)

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ YES _____ NO

IF YES, DRIVER'S LICENSE NO. _____ STATE OF ISSUE _____

_____ OPERATOR _____ COMMERCIAL (CDL) EXPIRATION DATE: _____

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? _____ YES _____ NO

IF YES, HOW MANY? _____

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS? _____ YES _____ NO

IF YES, HOW MANY? _____

ARE YOU INSURABLE? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF YES, EXPLAIN NUMBER OF CONVICTIONS, NATURE OF OFFENSE(S), AND DATE(S)

WE DECLARE THAT THE EXISTANCE OF A CRIMINAL CONVICTION RECORD WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT WITH US. HOWEVER, CERTAIN TYPES OF CRIMINAL CONVICTION MAY PROHIBIT YOU FROM WORKING IN CERTAIN DEPARTMENTS OR POSITIONS.

EMPLOYMENT HISTORY:

PRESENT OR LAST EMPLOYER:

COMPANY NAME _____ **PHONE NO: (____)** _____

COMPANY ADDRESS _____

EMPLOYMENT DATES: FROM: _____ TO: _____ **FULL TIME** ____ **PART TIME** ____

PRESENT/LAST SALARY: _____

POSITION HELD _____ **DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:**

REASON FOR LEAVING (BE SPECIFIC): _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? ____ **YES** ____ **NO** **IF NO, PLEASE EXPLAIN:**

PREVIOUS EMPLOYER _____ **PHONE NO: (____)** _____

COMPANY ADDRESS _____

EMPLOYMENT DATES: FROM: _____ TO: _____ **FULL TIME** ____ **PART TIME** ____ **SALARY** _____

POSITION HELD _____ **DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:**

REASON FOR LEAVING (BE SPECIFIC): _____

PREVIOUS EMPLOYER _____ **PHONE NO: (____)** _____

COMPANY ADDRESS _____

EMPLOYMENT DATES: FROM: _____ TO: _____ **FULL TIME** ____ **PART TIME** ____ **SALARY** _____

POSITION HELD _____ **DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:**

REASON FOR LEAVING (BE SPECIFIC): _____

I UNDERSTAND THE DALE COUNTY COMMISSION RESERVES THE RIGHT TO REQUIRE EMPLOYEES TO SUBMIT AT ANY TIME TO DRUG AND/OR ALCOHOL TESTING TO DETERMINE THE PRESENCE OF PROHIBITED SUBSTANCES. PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING IS REQUIRED FOR SAFETY SENSITIVE POSITIONS AS A CONDITION OF EMPLOYMENT.

THE DALE COUNTY COMMISSION PARTICIPATES IN E-VERIFY. WE DO NOT DISCRIMINATE AGAINST ANY JOB APPLICANT OR NEW HIRE ON THE BASIS OF HIS OR HER NATIONAL ORIGIN, CITIZENSHIP OR IMMIGRATION STATUS. UPON HIRE WE WILL PROVIDE THE SOCIAL SECURITY ADMINISTRATION (SSA) AND, IF NECESSARY THE DEPARTMENT OF HOMELAND SECURITY (DHS), WITH INFORMATION FROM EACH NEW EMPLOYEE'S FORM I-9 TO CONFIRM WORK AUTHORIZATION.

I UNDERSTAND AS A CONDITION OF EMPLOYMENT, ALL NEWLY HIRED EMPLOYEES SHALL BE REQUIRED TO ENROLL IN DIRECT DEPOSIT OF PAYROLL CHECKS WITHIN THIRTY DAYS OF HIRE.

I HEREBY CERTIFY THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND I AGREE AND UNDERSTAND ANY FALSE STATEMENTS CONTAINED IN THIS APPLICATION MAY CAUSE REJECTION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT. I AUTHORIZE THE DALE COUNTY COMMISSION TO REQUEST A TRANSCRIPT WHERE NECESSARY TO VERIFY ANY EDUCATION RECORD. I AUTHORIZE THE DALE COUNTY COMMISSION TO CONDUCT AN MVR TO CHECK MY DRIVING RECORD AND/OR CRIMINAL BACKGROUND CHECK IF POSITION REQUIRES.

SIGNATURE OF APPLICANT

DATE