



DALE COUNTY COMMISSION
202 S HWY 123 SUITE C
OZARK, AL 36360-8819

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)

PHONE NUMBER(S): _____

EDUCATION INFORMATION: (SELECT HIGHEST GRADE COMPLETED IN THE DROP DOWN MENU)

SCHOOL/GED: _____ COLLEGE/UNIV: _____ POST GRADUATE: _____

HIGH SCHOOL: _____

COLLEGE/UNIV: _____

SPECIALIZED TRAINING/

TRADE SCHOOL: _____

OTHER EDUCATION: _____

COMPUTER ABILITY:

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?

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

DO YOU HAVE A VALID COMMERCIAL (CDL) LICENSE?

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

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS?

IF YES, HOW MANY?

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS?

IF YES, HOW MANY?

ARE YOU INSURABLE?

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

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

[Empty box for felony conviction details]

WE DECLARE THE EXISTENCE 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: _____

POSITION HELD _____ CURRENT SALARY _____

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

[Empty box for duties performed]

REASON FOR LEAVING (BE SPECIFIC): _____

MAY WE CONTACT YOUR PRESENT EMPLOYER?

IF NO, PLEASE EXPLAIN:

[Empty box for contact permission explanation]

PREVIOUS EMPLOYER _____ PHONE NO: _____

COMPANY ADDRESS _____

EMPLOYMENT DATES: FROM: _____ TO: _____ FULL-TIME: _____ PART-TIME: _____

POSITION HELD _____

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

[Empty box for duties performed]

REASON FOR LEAVING (BE SPECIFIC): _____

PREVIOUS EMPLOYER _____ PHONE NO: _____

COMPANY ADDRESS _____

EMPLOYMENT DATES: FROM: _____ TO: _____ FULL-TIME: _____ PART-TIME: _____

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: _____

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: _____

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: _____

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. POST EMPLOYMENT OFFER 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 (TYPED)

DATE

**DALE COUNTY IS AN EQUAL OPPORTUNITY
EMPLOYER**