

WASHINGTON COUNTY

WASHINGTON COUNTY COMMISSION OFFICE

APPLICATION FOR EMPLOYMENT

1ST. FLOOR COURTHOUSE

CHATOM, ALABAMA 36518

AN EQUAL OPPORTUNITY EMPLOYER (M/F)

County Commission office employees will be glad to answer your questions relative to this application and to assist you in completing it.

POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

(Please Print)

LAST

FIRST

MIDDLE

MAILING ADDRESS \_\_\_\_\_

NUMBER

STREET

CITY

STATE

ZIP CODE

Telephone number at which we may contact you or leave a message: \_\_\_\_\_

Age if less than 18 years: \_\_\_\_\_

\*\*\*\*\*

List any education or special training you have had which you feel qualifies you for this job. Include the date of completion of the education or special training. If applicable, list any licenses, permits, or certifications you hold or have held with expiration date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any additional skills, experience, or qualifications not listed above or elsewhere on this application. Include volunteer work which you have done that might be relevant to the position you seek.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the kinds of equipment you can operate and the degree of your proficiency (if operation of the equipment might be considered relevant to the job you seek).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY**

When will you be available to begin work? \_\_\_\_\_

If available for temporary work, indicate shortest assignment you would accept.

One Month \_\_\_\_\_ Three Months \_\_\_\_\_ Six Months \_\_\_\_\_  
Summer \_\_\_\_\_

\*\*\*\*\*

Have you ever been convicted of a felony, high misdemeanor, or misdemeanor involving moral turpitude?  
(Do not include traffic violations).

YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is "yes" give the date, place, and nature of the offense on the last page under explanations." A yes response will not necessarily bar you from employment with the County.

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Have you ever been terminated from a job for cause? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give date, name of employer and other details on back page of this application. A yes response will not necessarily bar you from employment with the County.

\*\*\*\*\*

**REFERENCES** (List three persons other than former employers or supervisors who are familiar with your qualifications and background. **DO NOT LIST ELECTED OFFICIALS OF THE COUNTY**).

Name

Address

_____	_____
_____	_____
_____	_____

Unless otherwise specified herein, I authorize all persons listed as references and all former employers to release information to the Washington County Commission office relative to my education, training, qualifications, work history, and general fitness for employment.

(Continue to next page)

Give your employment history below, beginning with your most recent employment and work back. You may attach additional sheets if required.

Do you have any objection to our contacting your previous employers?

Yes No

If yes, explain on last page. A yes response will not necessarily bar you from employment with the County.

From:	NAME and ADDRESS of FIRM/AGENCY:	YOUR TITLE:
To:		DESCRIBE YOUR WORK:
LAST SALARY	Name and title of supervisor:	
\$ _____ per		REASON FOR LEAVING:
____ year		
____ week	TELEPHONE:	
____ hour		

From:	NAME and ADDRESS of FIRM/AGENCY:	YOUR TITLE:
To:		DESCRIBE YOUR WORK:
LAST SALARY	Name and title of supervisor:	
\$ _____ per		REASON FOR LEAVING:
____ year		
____ week	TELEPHONE:	
____ hour		

From:	NAME and ADDRESS of FIRM/AGENCY:	YOUR TITLE:
To:		DESCRIBE YOUR WORK:
LAST SALARY	Name and title of supervisor:	
\$ _____ per		REASON FOR LEAVING:
____ year		
____ week	TELEPHONE:	
____ hour		

From:	NAME and ADDRESS of FIRM/AGENCY:	YOUR TITLE:
To:		DESCRIBE YOUR WORK:
LAST SALARY	Name and title of supervisor:	
\$ _____ per		REASON FOR LEAVING:
____ year		
____ week	TELEPHONE:	
____ hour		

**I understand that County Employment Policy does not permit an employee to be supervised by a member of his/her immediate family (as defined in the County Sick-leave Policy), and that such a potential relationship will bar me from County employment.**

**The statements made in this application are true and complete to the best of my knowledge and belief. I understand that misrepresentation or falsehood contained herein will bar me from employment with the County or be Cause for my subsequent dismissal.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_