

DO NOT WRITE IN THIS SPACE

### APPLICATION FOR EXAMINATION

RETURN TO: STATE OF ALABAMA  
PERSONNEL DEPARTMENT  
64 NORTH UNION STREET  
P O BOX 304100  
MONTGOMERY, ALABAMA 36130-4100

AN EQUAL OPPORTUNITY EMPLOYER

ENTER SOCIAL SECURITY NUMBER BELOW.

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#### 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.

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 ( ) Work ( )  
Area Code Area Code

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

Date of Birth \_\_\_\_\_ Sex (check one) 1. ( ) Male 2. ( ) Female  
(Month) (Day) (Year)

Race (check one) 1. ( ) White 2. ( ) Black 3. ( ) Hispanic 4. ( ) Asian or Pacific Islander 5. ( ) American Indian or Alaskan Native 6. ( ) Other

<b>EDUCATION:</b> High School Diploma or GED? ( ) Yes ( ) No	<b>CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED.</b>												<b>ED</b>				
	1	2	3	4	5	6	7	8	9	10	11	12	College 1	2	3	4	<b>LC</b>

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

Name and Location of School	Dates of Attendance		Credit Hours		Did You Graduate?		Type of Degree and Date	Major
	From	To	Sem.	Qtr.	Yes	No		
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**PROFESSIONAL LICENSE OR CERTIFICATE**

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).**

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

**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, academic/school 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 \_\_\_\_\_

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**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 : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.

NAME	ADDRESS AND PHONE NUMBER	EMPLOYER

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.

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**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							


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

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

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

**COMPLETE THIS SECTION IF YOU ARE CLAIMING VETERAN'S PREFERENCE**

If you claim Veteran's Preference, check the type below. Attach copies (**which will not be returned**) of the required documents to your application to support your claim.

- 1 ( ) Veteran (5 points) - Requires DD214 or document showing dates of service and type of discharge. **If this has been submitted previously and is on file with this office, you may disregard this requirement.**
- 2 ( ) Disabled Veteran (10 points) - Requires DD214 or other document as above and letter of disability from V.A. dated within last 6 months. **V.A. letter must be kept updated until register is established or you lose the extra 5 points.**
- 3 ( ) Deceased Veteran's spouse (10 points) - Requires DD214 or other document as above and marriage and death certificates. Cannot be claimed if spouse remarries.
- 4 ( ) Disabled Veteran's spouse (10 points) - Requires DD214 or other document as above and V.A. letter of disability dated within last 6 months. Cannot be claimed unless still married to disabled veteran.
- 5 ( ) Permanently Disabled Veteran (10 points) - Requires DD214 or other document as above indicating veteran is permanently disabled or DD214 or other document and V.A. letter indicating permanent disability.

**COMPLETE THIS SECTION IN ORDER TO BE SCHEDULED FOR WRITTEN EXAMS**

Written exams will be given in the places below for which a sufficient number of applicants express preference. Indicate by number your 1st, 2nd and 3rd choices.

- 1 ( ) Alexander City      3 ( ) Birmingham      5 ( ) Dothan      7 ( ) Linden      9 ( ) Montgomery      12 ( ) Tuscaloosa
- 2 ( ) Andalusia      4 ( ) Decatur      6 ( ) Jacksonville      8 ( ) Mobile      10 ( ) Selma

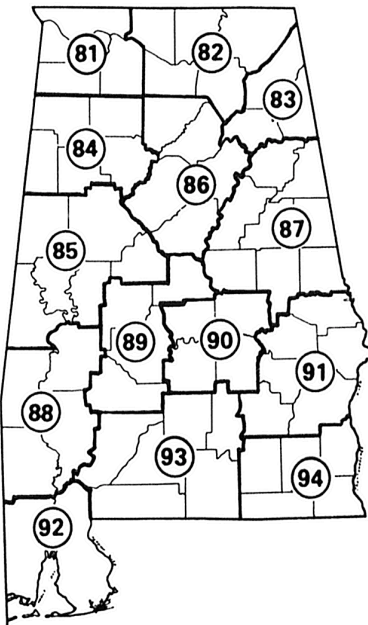
If you qualify, you will receive a notice showing the place and time you are to report for the exam.

**Where did you learn of this job? (check all that apply)**

- 1 ( ) State Employment Service      5 ( ) Friend/Relative      9 ( ) Legislative Representative      13 ( ) TV/Radio Commercial
- 2 ( ) Job Announcement Notice      6 ( ) Dept. News Bulletin      10 ( ) State Recruiter/Counselor      14 ( ) Other \_\_\_\_\_
- 3 ( ) Newspaper      7 ( ) Rehabilitation Services      11 ( ) State Personnel Dept. Information Board      15 ( ) State Personnel Dept. Website
- 4 ( ) College Placement/Career Office      8 ( ) High School Counselor      12 ( ) Outreach Program (i.e. Church)      16 ( ) Other Website

**AVAILABILITY**

<p><b>81 - Northwest Alabama</b></p> <ul style="list-style-type: none"> <li>17 Colbert</li> <li>30 Franklin</li> <li>39 Lauderdale</li> <li>40 Lawrence</li> </ul>	<p><b>84 - Jasper/Winfield Area</b></p> <ul style="list-style-type: none"> <li>29 Fayette</li> <li>38 Lamar</li> <li>47 Marion</li> <li>64 Walker</li> <li>67 Winston</li> </ul>	<p><b>87 - East Central Alabama</b></p> <ul style="list-style-type: none"> <li>08 Calhoun</li> <li>09 Chambers</li> <li>14 Clay</li> <li>15 Cleburne</li> <li>19 Coosa</li> <li>56 Randolph</li> <li>61 Talladega</li> <li>62 Tallapoosa</li> </ul>	<p><b>90 - Montgomery Area</b></p> <ul style="list-style-type: none"> <li>01 Autauga</li> <li>26 Elmore</li> <li>43 Lowndes</li> <li>51 Montgomery</li> </ul>	<p><b>93 - South Central Alabama</b></p> <ul style="list-style-type: none"> <li>07 Butler</li> <li>18 Conecuh</li> <li>20 Covington</li> <li>21 Crenshaw</li> <li>27 Escambia</li> <li>50 Monroe</li> </ul>
<p><b>82 - Huntsville/Decatur Area</b></p> <ul style="list-style-type: none"> <li>36 Jackson</li> <li>42 Limestone</li> <li>45 Madison</li> <li>48 Marshall</li> <li>52 Morgan</li> </ul>	<p><b>85 - Tuscaloosa Area</b></p> <ul style="list-style-type: none"> <li>04 Bibb</li> <li>32 Greene</li> <li>33 Hale</li> <li>54 Pickens</li> <li>60 Sumter</li> <li>63 Tuscaloosa</li> </ul>	<p><b>88 - Southwest Alabama</b></p> <ul style="list-style-type: none"> <li>12 Choctaw</li> <li>13 Clarke</li> <li>46 Marengo</li> <li>65 Washington</li> </ul>	<p><b>91 - Phenix City/Troy Area</b></p> <ul style="list-style-type: none"> <li>03 Barbour</li> <li>06 Bullock</li> <li>41 Lee</li> <li>44 Macon</li> <li>55 Pike</li> <li>57 Russell</li> </ul>	<p><b>94 - Dothan Area</b></p> <ul style="list-style-type: none"> <li>16 Coffee</li> <li>23 Dale</li> <li>31 Geneva</li> <li>34 Henry</li> <li>35 Houston</li> </ul>
<p><b>83 - Northeast Alabama</b></p> <ul style="list-style-type: none"> <li>10 Cherokee</li> <li>25 DeKalb</li> <li>28 Etowah</li> </ul>	<p><b>86 - Birmingham Area</b></p> <ul style="list-style-type: none"> <li>05 Blount</li> <li>22 Cullman</li> <li>37 Jefferson</li> <li>58 Shelby</li> <li>59 St. Clair</li> </ul>	<p><b>89 - Selma/Clanton Area</b></p> <ul style="list-style-type: none"> <li>11 Chilton</li> <li>24 Dallas</li> <li>53 Perry</li> <li>66 Wilcox</li> </ul>	<p><b>92 - Mobile Area</b></p> <ul style="list-style-type: none"> <li>02 Baldwin</li> <li>49 Mobile</li> </ul>	<p><b>95 - Statewide</b> (You will be considered for vacancies throughout the state. Relocation may be necessary)</p>



Please answer the following questions with care. List in the spaces provided those areas of the state in which you would accept employment. You will be considered for employment only in the locations you indicate. You may choose a combination of up to three counties and/or regions from the list above. If you list a region, you will be considered available for all counties in that region. The counties in each region are listed alphabetically below the region. You will not be considered for jobs involving overnight travel or shift work unless you so indicate.

List the numbers of up to 3 counties and/or regions where you are willing to work \_\_\_\_\_

If you want to be considered for appointment by **only certain state agencies**, indicate here \_\_\_\_\_

Will you accept work involving overnight travel? ( ) Yes ( ) No Will you accept part-time work? ( ) Yes ( ) No

Will you accept temporary work? ( ) Yes ( ) No

Which shifts are you willing to work? 0. ( ) all shifts 1. ( ) 1st only 2. ( ) 2nd only 3. ( ) 3rd only 4. ( ) 1st and 2nd only 5. ( ) 1st & 3rd only 6. ( ) 2nd & 3rd only

Enter the earliest date you will be available to interview for employment. (Your name will not appear on a list of eligibles until this date.) \_\_\_\_\_  
Month Day Year

**NOTE:** Your name will be placed on inactive status for this class after declining three offers of employment consideration or failing to reply to an agency's inquiry concerning your availability. Your name may be restored to the active register by written request.