

HOUSTON COUNTY

Application For Employment

Mailing Address:
 Atten: Personnel Department
 Houston County Administration Building
 P.O. Box 6406
 Dothan, Alabama 36302-6406

Closing Date

Applicants will receive consideration without discrimination because of race, religion, color, sex, age, national origin or disability.

Position Applied for _____ Date of Application _____
 Name _____ Social Security No. _____
 Last First Middle
 Address _____ City State Zip Code
 Number Street

How long have you lived at this address ? _____ Telephone No. () _____
 Alternate No. () _____

Previous Address _____ How long did you live there? _____

Are you a U.S. Citizen? _____ Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____
 If Yes, Please explain _____

Have you interviewed with the County in the last 12 months _____ If so, what position _____.

Have you ever worked for Houston County before ? _____ If yes, give dates _____

Driver's License _____ Certified Driver's license (CDL) (Circle) Yes / No
(Please include state, number, and expiration date)

EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8 9	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree (Year)			Year:	
Describe Course of study:				
Describe Specialized training, Apprenticeship, Skills, and Extra Curricular Activities				

***** Special Consideration**

You may inform us if you have a disability requiring accommodation.
 State any additional information you feel would be helpful to us in considering your application.

Military Service Record

Have you ever served in the armed forces? Circle Yes / If "Yes" what branch ? _____
 Dates of duty: From: _____ To: _____ Rank at Discharge: _____

List Your duties in service, including special training _____

Are you related by blood or marriage to any official, department head, or supervisor of any Houston County Department, Board, Bureau, committee, commission, institution, corporation, authority or any other agency ? Circle (Yes / No) If "Yes", Please state their name and title of their position. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service and volunteer activities. Exclude organizations which indicate race, religion, sex, or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Salary		
		Start	Finish	
Supervisor				
Reason for Leaving				
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Salary		
		Start	Finish	
Supervisor				
Reason for Leaving				
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Salary		
		Start	Finish	
Supervisor				
Reason for Leaving				
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Salary		
		Start	Finish	
Supervisor				
Reason for Leaving				

Personal References (Not former employees or relatives)

Name _____ Phone # _____ Address _____

Name _____ Phone # _____ Address _____

Name _____ Phone # _____ Address _____

Please Read Carefully Before Signing

I understand that all appointments are probationary for a period of six months, during which time I must demonstrate my fitness for continued employment. I also understand that all appointments offered me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements on the application will be a basis for denial of a position prior to employment, or will be grounds for dismissal after appointment. I agree that this application and all other papers shall be confidential records of the Personnel Board subject to inspection by the appointing authority. I hereby certify that all statements are true and correct to the best of my knowledge.

Date: _____ Signature: _____

Authorization and Release

A FALSE STATEMENT ON ANY PART OF YOUR APPLICATION MAY BE GROUNDS FOR NOT HIRING YOU, OR FOR TERMINATION OF YOUR EMPLOYMENT AFTER YOU BEGIN WORK.

I **understand** that any information I give may be investigated as allowed by law.

I **consent** to the release of information about my ability and fitness of employment with Houston County by law enforcement agencies, employers, schools, and other individuals and organizations, to personnel staffing specialists, and other authorized employees of Houston County.

I **certify** that to the best of my knowledge and belief, all of my statements on employment applications and related employment papers are true, correct, and complete, and made in good faith.

I hereby **release** the aforementioned person, corporations, agencies, associations and their employees, agents and representatives from any and all liability for damages of what ever kind of nature which may at any time result to me on account of compliance with this authorization.

A copy of this authorization shall be effective and valid as the original.

Signature (Please sign in dark ink)

Date of signature (M/D/Y)

Attention: Applicants having military experience should also read and sign the following statement:

"I **authorize** the National Personnel Records Center, St Louis, MO or other custodian/s of my military record to release to the Houston County Personnel Board, information or photocopies form my military personnel and related medical records, or only the following information/records:

(Please specify)

This could include a photocopy of my Form 214, Report of Separation."

Signature of Veteran (Please sign in dark ink)

Date of signature (M/D/Y)

EEO REPORTING DATA:

The following information is requested for Equal Employment Opportunity record keeping and reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964 as amended. **This section is voluntary and will be kept confidential.**

SEX: _____ MALE _____ FEMALE

RACE: _____ (1) WHITE _____ (2) AFRICAN AMERICAN

 _____ (3) HISPANIC _____ (4) ASIAN OR PACIFIC ISLANDER

 _____ (5) AMERICAN INDIAN OR ALASKA NATIVE

 _____ (6) OTHER

NAME _____ **DATE** _____

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize Houston County Personnel Board or its agents to make an independent investigation of my background, references, character, past employment, consumer reports, education, motor vehicle record and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

Fair Credit Reporting Act: *If employment is denied in whole or in part because of information obtained by the above-named company, I have the right to make a written request within a reasonable period of time to receive the information obtained.*

I release the above-named company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (printed) Maiden Name or Other Name(s) Used

Present Address How long? _____
Years/ Months

City/State County Zip

List all former addresses for the past seven (7) years. City and State:

City State How long? _____
Years/ Months

City State How long? _____
Years/ Months

City State How long? _____
Years/ Months

Driver's License Number State of Issue

Date of Birth Social Security Number

CALIFORNIA CONSUMER REPORTING ACT DISCLOSURE FOR EMPLOYMENT IN CALIFORNIA ONLY: By checking in this box I request to receive a copy of the report from the Credit Reporting Agency at no charge at the same time the report is provided to the prospective employer.

Applicant Signature Name Printed or Typed Date