

**APPLICATION FOR EMPLOYMENT
MORGAN COUNTY EMCD
4216 Highway 31 South
DECATUR, AL 35603**

All blanks must be completed. Please print and use ink.

Position Applied for: _____
NAME

First

Middle

Last

Any Other Names Used (example: Maiden name, Nicknames) _____

Street Address (No Post Office Boxes)

House Number

Street

City

State

Zip Code

Previous Addresses for past ten years

Telephone Number _____ **Social Security Number** _____ **Age*** _____

Date of Birth _____ **Place of Birth** _____

City

County

State

Have you ever been a resident of Morgan County? If so explain. _____

Are you a citizen of the United States? ** _____

Personal Data

Have you ever been discharged or forced to resign from a position? _____ If so, attach a separate sheet to this application with a complete explanation including employer's name, date of incident, supervisor's name and details of incident. Have you ever been arrested for any law violation other than a minor traffic violation? _____ If so, give the name and location of the court, date, nature of charge and disposition of the case on a separate sheet and attach it to this application.

*Law prohibits discrimination in employment against persons age forty and above. ** If employed you are required to complete INS Form 1.9 and furnish for inspection your driver's license and social security card or other acceptable documents, which verify your identity citizenship and employment eligibility in the United States.

EDUCATIONAL BACKGROUND

List all schools and colleges you have attended since high school.

Name of School	Address: Street	City, State	Degree Attained	Dates of Attendance

MILITARY HISTORY

Have you ever served in the military? _____ If so what branch? _____ What type of discharge did you receive? _____ Dates of Active Duty _____

REFERENCES

In the spaces provided, list the names of 3 persons not related to you, who are not former employers and who have known you for at least five (5) years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities. Complete the following **FULLY** for each reference.

FULL NAME _____

ADDRESS: _____

PHONE NUMBER _____ YEARS KNOWN _____

BUSINESS, OCCUPATION, OR PROFESSION: _____

BUSINESS PHONE NUMBER _____

FULL NAME _____

ADDRESS _____

PHONE NUMBER _____ YEARS KNOWN _____

BUSINESS, OCCUPATION, OR PROFESSION _____

BUSINESS PHONE NUMBER _____

FULL NAME _____

ADDRESS _____

PHONE NUMBER _____ YEARS KNOWN _____

BUSINESS, OCCUPATION, OR PROFESSION _____

BUSINESS PHONE NUMBER _____

EMPLOYMENT HISTORY

List ALL employment beginning with current or last employer. This includes short term or part-time positions. If additional space is needed please attach another page.

NAME & ADDRESS OF EMPLOYER _____

DATES OF EMPLOYMENT _____ POSITION OR TITLE _____

SUPERVISOR _____ REASON FOR LEAVING _____

DUTIES _____

NAME & ADDRESS OF EMPLOYER _____

DATES OF EMPLOYMENT _____ POSITION OR TITLE _____

SUPERVISOR _____ REASON FOR LEAVING _____

DUTIES _____

NAME & ADDRESS OF EMPLOYER _____

DATES OF EMPLOYMENT _____ POSITION OR TITLE _____

SUPERVISOR _____ REASON FOR LEAVING _____

DUTIES _____

I affirm that this application contains no intentional misrepresentations, or falsifications, omissions or concealment of material facts. I further affirm that information given by me is true and complete to the best of my knowledge and belief. I am aware that all information contained in this application will be thoroughly investigated. I am further aware that should any investigation disclose any misrepresentation, or falsification, omission or concealment of material facts, my application is subject to be rejected and my name removed from the eligibility list. If already appointed, I may be subject to a polygraph test and dismissal.

DATE

SIGNATURE