

PHONE (251) 578-2095

CONECUH COUNTY COMMISSION

FAX (251) 578-7002

PO BOX 347
EVERGREEN, AL 36401

DAVID CAMPBELL, DISTRICT 1
MICHAEL RILEY, DISTRICT 2
RAY DEWBERRY, DISTRICT 3
WENDELL BYRD, DISTRICT 4
LEONARD MILLINDER, DISTRICT 5

ANTHONY BISHOP
County Attorney

STEPHANIE BROWN
County Administrator



Application for Employment

"We are an Equal Opportunity Employer"

POSITION APPLIED FOR: _____

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DEMOGRAPHIC
NAME

(Please Print) **LAST** **FIRST** **MIDDLE (MAIDEN)**

MAILING ADDRESS _____
 Street or Route **City** **State** **Zip**

TELEPHONE _____ **DATE OF BIRTH** _____
 (home/cell/other)

Are you under the age of 18? () YES () NO

Are you a Veteran? () YES () NO
If yes, what branch of Military? _____

Have you been convicted of a felony or released from prison within the last 7 years?
() YES () NO
If YES, please describe in full and include dates:

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? _____

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EDUCATION

NAME & LOCATION **GRADE COMPLETED** **MAJOR/COURSES**

HIGH SCHOOL: _____

COLLEGE: _____

**BUSINESS/
TRADE SCHOOL:** _____

List any special training you have which you may feel qualifies you for this job:

CLERICAL ONLY:

TYPING () YES () NO WPM: _____
ACCOUNTING () YES () NO

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EMPLOYMENT RECORD

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____ SALARY: _____
WORK PERFORMED: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____ SALARY: _____
WORK PERFORMED: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____ SALARY: _____
WORK PERFORMED: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____ EMPLOYER: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____ SALARY: _____
WORK PERFORMED: _____
REASON FOR LEAVING: _____

CAN WE CONTACT YOUR PREVIOUS EMPLOYERS? () YES () NO

(Answering No will not necessarily bar you from being considered for employment)

REFERENCES

NAME	ADDRESS	TELEPHONE	OCCUPATION
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

DO YOU HAVE AN ALABAMA DRIVER'S LICENSE? () YES () NO
_____ If not have you have applied for an Alabama Driver License within
the last 30 day. () Yes () No

Do you have a valid Commercial Drivers License? () YES () NO

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CERTIFICATION

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: _____