Form 3 - Revised November 1997				al Instructions				
DO NOT WRITE IN THIS SPACE	PLICATION FO	LICATION FOR EXAMINATION						
		SONNEL DEPARTMENT JNION STREET, SUITE 300 ERY, ALABAMA 36130	each job. <u>D</u> <u>areas</u> . Com	plication is required for <u>p</u> <u>not</u> <u>write</u> <u>in</u> <u>shaded</u> plete all parts of the Applications not				
	AN EQUAL OPPORT	UNITY EMPLOYER	properly com	pleted will be returned. and facsimile appli-				
	ENTER SOCIAL SECUR	ITY NUMBER BELOW.						
Examination For Which You Are App	lying (one per application)		Option (if app	licable)				
Full Name	Middle		Last					
Address House or Apartment Number			Last					
House or Apartment Number	Street							
City	State	County	Zip	o Code				
Telephone Number: Home ()		Work ()						
Area Code		Area Code						
The following inform:	ation is required for govern	mental reporting or record	eeping purposes:					
Date of Birth (Month)	(Day) (Year)	Sex (check one) 1. ()	Male 2. () H	Female				
Race (check one) 1. () White 2. () Blac	· • ·	or Pacific Islander 5. () Ameri	can Indian or Alaskan Na	ative 6.() Other				
EDUCATION:	CIRCLE OR BRACKI	ET THE HIGHEST GRADE OF SC	HOOL COMPLETED	. ED				
High School Graduate or GED? () Yes () No	1 2 3 4 5 6	7 8 9 10 11 12	College 1 2 3	4 LC				
PROVIDE INFORMATION	ON ALL SCHOOLS ATTENDE	D. SPECIFY UNDERGRADUATE	OR GRADUATE WO	RK.				
Name and Location of School	Dates of Attendance Month/Year From To	Credit Did You Hours Graduate? Sem. Qtr. Yes No	Type of Degree and Date	Major				
	PROFESSIONAL LICEN							
License/Certificate Issued By	Field/Trade/Specialization	License/Certificate No.	Issue Date	Expiration Date				
LIST COURSES (AND HOURS) V	VHICH ARE PARTICULARLY R	ELATED TO THE POSITION (at	tach additional sheets, i	if needed).				
	CEDTIFICATIO	NI O'T A TENTENTE						

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 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

During the application process, including testing and employment consideration, your name may be removed from an employment register for any disqualifying reason.

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.

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 <u>ALL</u> 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. <u>Each time you changed jobs or your title changed should be listed as a separate period.</u> Describe in detail your duties. (Attach additional sheets if needed.)

1. Current or Last Employer							Your Official Job Title				
Address							Type of Business				
FRO	FROM TO Total Number of Hours Beg					Begin	ning Salary Ending Salary May we contact your				
Month	Year	Month	Year	Months	Per Week				employer?		
						\$	Per	\$Per	() Yes	() No	
Number/Title of Employees You Supervised						Equipment You Operated					
On a Continuing Basis											
Name, Title and Telephone Number of Supervisor						Reason for Leaving					
Describe Y	our Duties	s in Detail									

2. Employ	/er					Your Official Job Title						
Address								Type of Business				
FRC Month			Total Months			ning Salary	Ending Salary	May we contact your employer?				
						\$	Per	_ () Yes () No				
On a Cont	Number/Title of Employees You Supervised On a Continuing Basis						Equipment You Operated					
Name, Titl of Supervi	e and Tele sor	phone Numb	er				Reason for Leaving					
Describe Y	our Duties	s in Detail										

- ____ -

3. Employ	er					Your Official Job Title						
Address								Type of Business				
FRC Month	M Year	TC Month) Year	Total Months	Number of Hours Per Week	Begin	ning Salary Per	Ending Salary \$ Per	May we contact your employer? () Yes () No			
Number/Tr On a Conti		bloyees You S	Supervised			Ψ	Equipment You					
Name, Titl of Supervis		phone Numb	er				Reason for Leave	ing				
Describe Y	our Duties	s in Detail										

4. Employer							Your Official Job Title					
Address								Type of Business				
FRC	FROM TO Total Number of Hours Begin				ning Salary Ending Salary May we contact your							
Month	Year	Month	Year	Months	Per Week	_			employer?			
						\$	Per	\$Per	() Yes () No			
Number/Title of Employees You Supervised						Equipment You Operated						
On a Conti	inuing Bas	is										
Name, Titl of Supervis	le and Tele sor	phone Numb	er				Reason for Leaving					
Describe Y	our Dutie	s in Detail										

5. Employ	/er					Your Official Job Title						
Address								Type of Business				
FRC Month)M Year	TO Month	Year	Total Months	Number of Hours Per Week	Begin	ning Salary	Ending Salary	May we contact your employer?			
	. <u> </u>					\$	Per	\$Per	() Yes () No			
Number/Title of Employees You Supervised On a Continuing Basis							Equipment You Operated					
Name, Titl of Supervis		phone Numb	er				Reason for Leaving					
Describe Y	our Dutie	s in Detail										

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

References: At the time of interview, you may be asked to furnish names and addresses of reliable persons, not relatives or present employer, who know you well enough to give information about you.

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 10 () 2 (Dept. News Bulletin State Recruiter/Counselor) Job Announcement Notice 6 () 14 () Other 3 (Newspaper 7 () Rehabilitation Services 11 () State Personnel Dept. Information Board) 4 (College Placement/Career Office 8 () High School Counselor 12 () Outreach Program (i.e. Church)) **AVAILABILITY** 81 - Northwest Alabama 84 - Jasper/ 87 - East Central Alabama 90 - Montgomery Area 93 - South Central 17 Colbert Winfield Area 08 Calhoun 01 Autauga Alabama 26 Elmore 30 Franklin 29 Fayette 09 Chambers 07 Butler 39 Lauderdale 38 Lamar 14 Clay 81 43 Lowndes 18 Conecuh 47 Marion 15 Cleburne 20 Covington 40 Lawrence 51 Montgomery 64 Walker 19 Coosa 21 Crenshaw 67 Winston 56 Randolph 27 Escambia 84 61 Talladega 50 Monroe 62 Tallapoosa 86 82 - Huntsville/ 85 - Tuscaloosa Area 88 - Southwest Alabama 91 - Phenix City/ 94 - Dothan Area (87 Decatur Area 04 Bibb 12 Choctaw Troy Area 16 Coffee 85 32 Greene 13 Clarke 03 Barbour 23 Dale 36 Jackson 42 Limestone 33 Hale 46 Marengo 06 Bullock 31 Geneva 45 Madison 54 Pickens 65 Washington 41 Lee 34 Henry 48 Marshall 44 Macon 35 Houston 60 Sumter 89 55 Pike 52 Morgan 63 Tuscaloosa 91 57 Russell 88 83 - Northeast Alabama **86** - Birmingham Area 89 - Selma/Clanton Area 92 - Mobile Area 95 - Statewide 11 Chilton 10 Cherokee 05 Blount 02 Baldwin (You will be 93 25 DeKalb 22 Cullman 24 Dallas 49 Mobile considered for 28 Etowah 37 Jefferson 53 Perry vacancies through-58 Shelby 66 Wilcox out the state. 59 St. Clair Relocation may be necessary) 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

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 on	nly 6. ()	2nd & 3r	d 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 ar	1 agency	's				

inquiry concerning your availability. Your name may be restored to the active register by written request.

involving overnight travel or shift work unless you so indicate.