

Etowah County Application for Employment

Etowah County Personnel Depart.
800 Forrest Ave. Suite: 207
Gadsden, AL 35901

Etowah County is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Position Desired? _____

Can you perform the essential functions of the position for which you are applying?

Yes No If No, Please explain. (if you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question).

When would you be available to work? _____

Are you legally eligible to be employed in the United States? Yes or No

If no, you may be required to provide authorization to work.

Are you over the age of 18 years? Yes or No

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? Yes or No

If yes, please explain: _____

(a conviction will not necessarily result in the denial of employment.)

Have you ever worked for Etowah County before? Yes or No

If yes, which department? _____

When? (give dates) _____ Job title: _____

Do you have any relatives or friends who work for Etowah County? Yes or No
If yes, who and where do they work?

Can you work any shift? Yes or No

Can you work overtime, including weekends? Yes or No

Have you ever been terminated from employment or asked to resign by an employer ?

Yes or No

If yes, Please explain:

Education, Academy, Licensure, or Professional Degree

Education	Name and Location of School	# of years attended	Degree Received	Subject Studied
High School				
College/ University				
Trade/ Business				
Graduate School				

You need not disclose information that may reveal information regarding race, color, creed, sex religion, national origin, ancestry, age, disability, marital status, veteren status or any other protected status.

For example completion of Peace Officers Training

Law Enforcement, Academy or Degrees:

School/ Academy _____

City/ State _____

Course _____

Degree or Certificate Earned _____

Professional License or Membership:

Type of License(s) _____

Expire: _____

Class of CDL: _____

License Expiration Date: _____

Other Professional Memberships: _____

Have you completed any special course, seminar and/or training that would enable you to perform the position for which you are applying? Yes or No

For example, tractor, back hoe, bulldozer, excavator, and etc.

If yes, please describe:

List academic honors, extracurricular activities, office held, etc. in High School or College:
Omit any which reflects your race, color, religion, age, sex, sexual orientation, martial status or disabilities.

Employment History

Employer Name	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/ Salary		
	Starting	Final	
Reason for Leaving			

Employer Name	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/ Salary		
	Starting	Final	
Reason for Leaving			

Employer Name	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/ Salary		
Job Title	Supervisor	Starting	
Reason for Leaving			

Employer Name	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/ Salary		
Job Title	Supervisor	Starting	
Reason for Leaving			

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

May we contact your present employer? _____ Yes _____ No

Explain any gaps in work history:

References:

Professional

Personal

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Etowah County to verify their accuracy and to obtain reference information on my work performance. I hereby release Etowah County from any/ all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis of dismissal.

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this application for employment can be grounds for termination from Etowah County.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Etowah County. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment is for no definite time and "at will" and that either I or the employer may terminate my employment at any time with or without notice or cause.

I attest with my signature below that I have given Etowah County true and complete information

Signature of Applicant: _____

Print Name: _____

Date: _____

This application is valid only for six months from the date signed/ dated above