Etowah County
Application For Employment

Etowah County Personnel Department
800 Forrest Avenue, Suite 207
Gadsden, AL 35901
256-549-5393

Etowah County is a drug-free, equal opportunity employer and does not discriminate against otherwise qualified applications because of their age, sex, sexual orientation, gender identity, transgender status, religion, race, color, national origin, political affiliation, disability, status as a veteran or member of the armed services, or any other characteristic protected by applicable federal, state or local law.

Personal Information

Full Name _____ Date_____

Address _____

City _____ State _____ Zip _____

Phone Number _____Email _____

Position Desired _____

Can you perform, with or without reasonable accommodation, the essential functions of the position for which you are applying?
(If you have any questions as to what functions are applicable for the position for which you are applying, please ask the interviewer before you answer this question.)

Yes ___ or No ___ If No, Please Explain:

_____

_____

When would you be available to start work?_____

Type of employment desired: Full-Time ____ Part-Time____ Temporary____

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

Are you 18 or more years old? Yes ___ No ___ **(Must be 19 or more to apply for Deputy Sheriff)**

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

If Yes, What Department? _____ Dates Employed? _____

Do you have any friends or relatives who work for Etowah County? Yes ___ No ___
If Yes, Who:_____

Can you work any shift? Yes ___ No ___

Can you work overtime, including weekends? Yes ___ No ___

Have you ever been terminated from employment or asked to resign by an employer?
Yes ___ No ___ If Yes, Please Explain:

_____

_____

Education, Academy, Licensure, and/or Professional Degree

Education	**Name of School**	**Years Attended/ Completed**	**Degree Received**	**Study/Major**
High School			**-**	**-**
College/Trade				
College/Trade				
College/Trade				

Law Enforcement Academy or Degree(s)

School/Academy _____ Certification Number _____

Date Completed _____

Commercial Drivers License (CDL)

Class: _____ Expiration: _____

Endorsements: _____

Professional License or Membership

Type of License(s): _____ License Expiration:_____

Other Professional Memberships / Certifications:

_____

_____

List any special course, seminar, training, or experience with equipment / tools that would enable you to perform the position for which you are applying?

_____

_____

_____

List honors, activities, offices held, etc.:
(You may omit any of the above which reflect your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

_____

_____

Employment History

Employer Name:	*Dates Employed:*	*Work Performed:*
_____	From:_____	_____
Address:	To:_____	_____
_____		_____
_____	*Hourly Rate/Salary:*	_____
_____	Starting:_____	_____
Job Title:	Final:_____	_____
_____		_____
Supervisor:		_____
_____		_____
		_____

Reason For Leaving:

_____

_____

_____

_____

Employer Name:	*Dates Employed:*	*Work Performed:*
_____	From:_____	_____
Address:	To:_____	_____
_____		_____
_____	*Hourly Rate/Salary:*	_____
_____	Starting:_____	_____
Job Title:	Final:_____	_____
_____		_____
Supervisor:		_____
_____		_____
		_____

Reason For Leaving:

_____

_____

_____

_____

Employer Name:	*Dates Employed:*	*Work Performed:*
_____	**From:**_____	_____
Address:	**To:**_____	_____
_____		_____
_____	*Hourly Rate/Salary:*	_____
_____	**Starting:**_____	_____
Job Title:	**Final:**_____	_____
_____		_____
Supervisor:		_____
_____		_____
		_____

Reason For Leaving:

_____

_____

_____

_____

Employer Name:	*Dates Employed:*	*Work Performed:*
_____	**From:**_____	_____
Address:	**To:**_____	_____
_____		_____
_____	*Hourly Rate/Salary:*	_____
_____	**Starting:**_____	_____
Job Title:	**Final:**_____	_____
_____		_____
Supervisor:		_____
_____		_____
		_____

Reason For Leaving:

_____

_____

_____

_____

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

Please explain any gaps in work history:

_____

_____

_____

May we contact your present employer? Yes ___ No ___

Professional References

Name _____ **Name** _____

Phone _____ **Phone** _____

Address _____ **Address** _____

Name _____ **Name** _____

Phone _____ **Phone** _____

Address _____ **Address** _____

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. I authorize Etowah County to verify their accuracy and to obtain reference information on my work performance.

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

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 County 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 Full Name: _____

Date: _____

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