

DO NOT WRITE IN THIS SPACE

**APPLICATION FOR EXAMINATION**

RETURN TO: STATE OF ALABAMA  
 PERSONNEL DEPARTMENT  
 64 NORTH UNION STREET  
 P. O. BOX 304100  
 MONTGOMERY, ALABAMA 36130-4100  
 WWW.PERSONNEL.STATE.AL.US

**General Instructions**

A SEPARATE APPLICATION IS REQUIRED FOR EACH JOB. Do not write in shaded areas. Complete all parts of the application. Applications not properly completed will be returned. Photocopied and facsimile applications will be accepted.

**AN EQUAL OPPORTUNITY EMPLOYER**

ENTER LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER BELOW

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

PRINT ALL INFORMATION LEGIBLY

|  |  |                                |
|--|--|--------------------------------|
| <b>Job Title of Examination (one per application):</b> |  | <b>Option (if applicable):</b> |
|--|--|--------------------------------|

Full Name \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 House or Apartment Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone Number: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code Area Code

**The following information is required for governmental reporting or record keeping purposes:**

Date of Birth \_\_\_\_\_ Sex (check one) 1. ( ) Male 2. ( ) Female  
(Month) (Day) (Year)

Race (check one) 1. ( ) White 2. ( ) Black 3. ( ) Hispanic 4. ( ) Asian or Pacific Islander 5. ( ) American Indian or Alaskan Native 6. ( ) Other

|   |   |   |   |   |   |   |   |   |   |    |    |    |           |   |   |   |           |
|---|---|---|---|---|---|---|---|---|---|----|----|----|-----------|---|---|---|-----------|
| <b>EDUCATION:</b><br>High School Diploma or GED? ( ) Yes ( ) No | <b>CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED.</b> |   |   |   |   |   |   |   |   |    |    |    | <b>ED</b> |   |   |   |           |
|   | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | College 1 | 2 | 3 | 4 | <b>LC</b> |

**PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. IF ONLINE, INDICATE BY \*ASTERISK.**

| Name and Location of School | Dates of Attendance |    | Credit Hours |      | Did You Graduate? |    | Type of Degree and Date | Major |
|-----------------------------|---------------------|----|--------------|------|-------------------|----|-------------------------|-------|
|                             | From                | To | Sem.         | Qtr. | Yes               | No |                         |       |
|                             |                     |    |              |      |                   |    |                         |       |
|                             |                     |    |              |      |                   |    |                         |       |

**PROFESSIONAL LICENSE OR CERTIFICATE**

| License/Certificate Issued By | Field/Trade/Specialization | License/Certificate No. | Issue Date | Expiration Date |
|-------------------------------|----------------------------|-------------------------|------------|-----------------|
|                               |                            |                         |            |                 |

**LIST COURSES SUCCESSFULLY COMPLETED (AND HOURS EARNED) WHICH ARE PARTICULARLY RELATED TO POSITION (attach additional sheets, if needed)**

|  |
|--|
|  |
|  |

**CERTIFICATION STATEMENT**

I hereby certify, under penalty of perjury, that all statements on or attached to this application are true, correct, and complete. I further agree and understand that any false or deceptive information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the State of Alabama and may prohibit me from being considered for future employment. I understand that all information on this application is subject to verification, and I consent to criminal history background, military service, and employment checks. I agree to allow my employer/prospective employer to receive a copy of my Alabama Background Check report through ACJIC. If employed, I agree to electronic deposits of my payroll check and other state payments; and consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for any overtime hours worked.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your name may be removed from an employment register for any disqualifying reason.

List three independent persons, not relatives or present employer, who know you well enough to give information about you.

| NAME | ADDRESS AND PHONE NUMBER | EMPLOYER |
|------|--------------------------|----------|
|      |                          |          |
|      |                          |          |
|      |                          |          |

**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 to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job?     Yes     No

If you answered Yes to the above question, provide an explanation noting any mitigating or extenuating circumstances in the space below. If necessary, you may use a separate sheet or sheets and attach to the application.

---



---

Have you ever been convicted of a misdemeanor or felony crime? (including pleading guilty or nolo contendere.)     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 ALL CRIMINAL CONVICTIONS.**

**WORK HISTORY**

**THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RÉSUMÉ IS ATTACHED.**

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. **Each time you changed jobs or your title changed should be listed as a separate period.** Describe in detail your duties. (Attach additional sheets if needed.)

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

|   |       |             |       |                 |                             |                  |           |               |           |
|---|-------|-------------|-------|-----------------|-----------------------------|------------------|-----------|---------------|-----------|
| 2. Employer   |       |             |       |                 | Your Official Job Title     |                  |           |               |           |
| Address   |       |             |       |                 | Type of Business            |                  |           |               |           |
| FROM<br>Month   | Year  | TO<br>Month | Year  | Total<br>Months | Number of Hours<br>Per Week | Beginning Salary |           | Ending Salary |           |
| _____   | _____ | _____       | _____ | _____           | _____                       | \$ _____         | Per _____ | \$ _____      | Per _____ |
| Number/Title of Employees You Supervised<br>On a Continuing Basis |       |             |       |                 | Equipment You Operated      |                  |           |               |           |
| Name, Title and Telephone Number<br>of Supervisor                 |       |             |       |                 | Reason for Leaving          |                  |           |               |           |
| Describe Your Duties in Detail                                    |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |

|   |       |             |       |                 |                             |                  |           |               |           |
|---|-------|-------------|-------|-----------------|-----------------------------|------------------|-----------|---------------|-----------|
| 3. Employer   |       |             |       |                 | Your Official Job Title     |                  |           |               |           |
| Address   |       |             |       |                 | Type of Business            |                  |           |               |           |
| FROM<br>Month   | Year  | TO<br>Month | Year  | Total<br>Months | Number of Hours<br>Per Week | Beginning Salary |           | Ending Salary |           |
| _____   | _____ | _____       | _____ | _____           | _____                       | \$ _____         | Per _____ | \$ _____      | Per _____ |
| Number/Title of Employees You Supervised<br>On a Continuing Basis |       |             |       |                 | Equipment You Operated      |                  |           |               |           |
| Name, Title and Telephone Number<br>of Supervisor                 |       |             |       |                 | Reason for Leaving          |                  |           |               |           |
| Describe Your Duties in Detail                                    |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |

|   |       |             |       |                 |                             |                  |           |               |           |
|---|-------|-------------|-------|-----------------|-----------------------------|------------------|-----------|---------------|-----------|
| 4. Employer   |       |             |       |                 | Your Official Job Title     |                  |           |               |           |
| Address   |       |             |       |                 | Type of Business            |                  |           |               |           |
| FROM<br>Month   | Year  | TO<br>Month | Year  | Total<br>Months | Number of Hours<br>Per Week | Beginning Salary |           | Ending Salary |           |
| _____   | _____ | _____       | _____ | _____           | _____                       | \$ _____         | Per _____ | \$ _____      | Per _____ |
| Number/Title of Employees You Supervised<br>On a Continuing Basis |       |             |       |                 | Equipment You Operated      |                  |           |               |           |
| Name, Title and Telephone Number<br>of Supervisor                 |       |             |       |                 | Reason for Leaving          |                  |           |               |           |
| Describe Your Duties in Detail                                    |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |
|   |       |             |       |                 |                             |                  |           |               |           |

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

**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. Note: Must be active duty for other than training purposes.**
  - 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 who because of this disability is not them self qualified.
  - 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.

- 3 ( ) Birmingham      5 ( ) Dothan      7 ( ) Linden      9 ( ) Montgomery      11 ( ) Florence      13 ( ) Huntsville
- 4 ( ) Decatur      6 ( ) Jacksonville      8 ( ) Mobile      10 ( ) Selma      12 ( ) Tuscaloosa      14 ( ) Troy

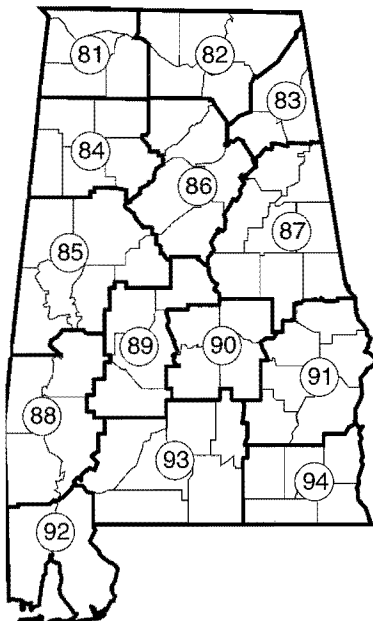
If you qualify, you will receive a notice showing the place and time you are to report for the exam.

**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
- 2 ( ) Job Announcement Notice      6 ( ) Dept. News Bulletin      10 ( ) State Recruiter / Counselor      14 ( ) State Personnel Dept. Website
- 3 ( ) Newspaper      7 ( ) Rehabilitation Services      11 ( ) State Personnel Dept. Information Board      15 ( ) Other Website
- 4 ( ) College Placement/Career Office      8 ( ) High School Counselor      12 ( ) Outreach Program (i.e. Church)      16 ( ) Other \_\_\_\_\_

**AVAILABILITY**

|   |  |   |  |   |
|---|--|---|--|---|
| <p><b>81 - Northwest Alabama</b></p> <ul style="list-style-type: none"> <li>17 Colbert</li> <li>30 Franklin</li> <li>39 Lauderdale</li> <li>40 Lawrence</li> </ul>                        | <p><b>84 - Jasper/Winfield Area</b></p> <ul style="list-style-type: none"> <li>29 Fayette</li> <li>38 Lamar</li> <li>47 Marion</li> <li>64 Walker</li> <li>67 Winston</li> </ul>               | <p><b>87 - East Central Alabama</b></p> <ul style="list-style-type: none"> <li>08 Calhoun</li> <li>09 Chambers</li> <li>14 Clay</li> <li>15 Cleburne</li> <li>19 Coosa</li> <li>56 Randolph</li> <li>61 Talladega</li> <li>62 Tallapoosa</li> </ul> | <p><b>90 - Montgomery Area</b></p> <ul style="list-style-type: none"> <li>01 Autauga</li> <li>26 Elmore</li> <li>43 Lowndes</li> <li>51 Montgomery</li> </ul>                                    | <p><b>93 - South Central Alabama</b></p> <ul style="list-style-type: none"> <li>07 Butler</li> <li>18 Conecuh</li> <li>20 Covington</li> <li>21 Crenshaw</li> <li>27 Escambia</li> <li>50 Monroe</li> </ul> |
| <p><b>82 - Huntsville/Decatur Area</b></p> <ul style="list-style-type: none"> <li>36 Jackson</li> <li>42 Limestone</li> <li>45 Madison</li> <li>48 Marshall</li> <li>52 Morgan</li> </ul> | <p><b>85 - Tuscaloosa Area</b></p> <ul style="list-style-type: none"> <li>04 Bibb</li> <li>32 Greene</li> <li>33 Hale</li> <li>54 Pickens</li> <li>60 Sumter</li> <li>63 Tuscaloosa</li> </ul> | <p><b>88 - Southwest Alabama</b></p> <ul style="list-style-type: none"> <li>12 Choctaw</li> <li>13 Clarke</li> <li>46 Marengo</li> <li>65 Washington</li> </ul>   | <p><b>91 - Phenix City Troy Area</b></p> <ul style="list-style-type: none"> <li>03 Barbour</li> <li>06 Bullock</li> <li>41 Lee</li> <li>44 Macon</li> <li>55 Pike</li> <li>57 Russell</li> </ul> | <p><b>94 - Dothan Area</b></p> <ul style="list-style-type: none"> <li>16 Coffee</li> <li>23 Dale</li> <li>31 Geneva</li> <li>34 Henry</li> <li>35 Houston</li> </ul>  |
| <p><b>83 - Northeast Alabama</b></p> <ul style="list-style-type: none"> <li>10 Cherokee</li> <li>25 DeKalb</li> <li>28 Etowah</li> </ul>  | <p><b>86 - Birmingham Area</b></p> <ul style="list-style-type: none"> <li>05 Blount</li> <li>22 Cullman</li> <li>37 Jefferson</li> <li>58 Shelby</li> <li>59 St. Clair</li> </ul>              | <p><b>89 - Selma/Clanton Area</b></p> <ul style="list-style-type: none"> <li>11 Chilton</li> <li>24 Dallas</li> <li>53 Perry</li> <li>66 Wilcox</li> </ul>  | <p><b>92 - Mobile Area</b></p> <ul style="list-style-type: none"> <li>02 Baldwin</li> <li>49 Mobile</li> </ul>   | <p><b>95 - Statewide</b><br/>( You will be considered for vacancies throughout the state. Relocation may be necessary)</p>  |



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 seven 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 involving overnight travel or shift work unless you so indicate.

List the numbers of up to 7 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 \_\_\_\_\_

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

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 and 3rd only 6. ( ) 2nd and 3rd only

**NOTE: Your name will be placed on inactive status for this class after declining three offers of employment consideration or failing to reply to an agency's inquiry concerning your availability. Your name may be restored to the active register by written request.**