APPLICATION FOR EMPLOYMENT

COOSA COUNTY COMMISSION

P.O. BOX 10 ROCKFORD, AL 35136 256-377-2420 F 256-377-2524

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

	(PL)	EASE PRINT)		
Position(s) Applied For			Date of Application	on
How Did You Learn About Us? Advertisement Employment Agency	☐ Relative ☐ Friend	☐ Inquiry ☐ Other	,	
Last Name	First Name		Middle Name	
Address <i>Number</i>	Street	City	State Z	ip Code
Telephone Number(s)			Social Security Number (Volu	ntary)
Best time to contact you at he	ome is:			AM PM
If you are under 18 years of a proof of your eligibility to wo			🗆 Yes	□ No
Have you ever filed an applica	ation with us before	e?	🗆 Yes	\square No
		If Yes, give dat	e	
Have you ever been employed	I with us before? .		🗆 Yes	□ No
If Yes, give date				
Do any of your friends or rela	tives, other than sp	oouse, work here?	🗆 Yes	\square No
Are you currently employed?			🗆 Yes	□ No
May we contact your present	employer?		🗆 Yes	□ No
Are you prevented from lawfu country because of Visa or Im <i>Proof of citizenship or in</i>	migration Status		employment Yes	□ No
Date available for work/_	/ What is	your desired salary	range?	
Are you available to work:	☐ Full-Time	(please indicate	1 2 3 shift)	
	☐ Part-Time	(please indicate I	Mornings Afternoon Even	ings)
	☐ Temporary	(please indicate of	lates available/	/)
Are you currently on "lay-off"	status and subject	to recall?	🗆 Yes	□ No
Can you travel if a job require	es it?		□ Yes	□ No

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College	7,000			
Graduate Professional				
Other (Specify)				
Describe any specialized to	raining annrenticeshin s	kills and extra-curricula	r activities.	
Describe any specialized in	earming, apprendecismp, o			

Describe any specialized training, apprent	ticeship, skills and extra	a-curricular activities.	
*			

Describe any job-related training received in the United States military.	
The state of the s	
Form which colonide	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Er	nployed To	Work Performed
Address				
Telephone Number(s)		Hourly Ra	ate/Salary Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Er From	nployed To	Work Performed
Address				
Telephone Number(s)		Hourly Ra	ate/Salary Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Er From	nployed To	Work Performed
Address				
Telephone Number(s)		Hourly Ra	ate/Salary Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Er From	nployed To	Work Performed
Address				
Telephone Number(s)		Hourly Ra Starting	ate/Salary Final	
Job Title	Supervisor			
Reason for Leaving				

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

			loyment or other experience.
PECIALIZED SKILLS	(Curey SymiolE	QUIPMENT OPERATEI	
ECIALIZED SKILLS	(CHECK SKILLS/E	Production/Mobile))
Terminal	Spreadsheet	Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM	WPM		
tate any additional infor	mation you feel may be	helnful to us in consid	oring
Note to Applicants: DO NO	OT ANSWER THIS QUES	TION UNLESS YOU H	AVE BEEN
Note to Applicants: DO NO			
NFORMED ABOUT THE	REQUIREMENTS OF THE tial functions of the job,	HE JOB FOR WHICH Y	
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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date

	FOR PERSONN	NEL DEPARTMENT U	SE ONLY	
	w □ Yes □ No			
Employed □ Y	es □ No Date	of Employment	INTERVIEWER DATE	
Job Title		e/ Department _		
	By	NAME AND TITLE	DATE	

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

FOR PERSON	INEL DEPARTMENT USE ONLY
Position(s) Applied For Is Open	n: 🗆 Yes 🗆 No
Position(s) Considered For:	
	Date

NAME: