

Alliance of Alabama

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State Zip			Business Telephone ()
	Have you ever applied for employment with us? Yes No If yes: Month and Year _____ Location _____			Social Security Number
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? Yes No If not, what hours can you work? _____			Will you work overtime if asked? Yes No
	When will you be available to begin work?			Are you legally eligible for employment in the U.S.? _____
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				Yes No	
	College				Yes No	
	Business/Trade/ Technical				Yes No	
	High School				Yes No	
	Elementary				Yes No	

Membership in Professional or Civil Organizations <i>(exclude those which may disclose your race, color, religion, or national origin)</i>			

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	PER	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference?		Yes	No	Later
Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	PER	
Reason For Leaving		Hourly Rate/Salary		
		Final		
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Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	PER	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference?		Yes	No	Later

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

MILITARY	Did you serve in the U.S. Armed Forces?	Yes	No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying.				

ADDITIONAL INFORMATION

<p>Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.</p> <hr/> <hr/> <hr/>
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Specialized Skills	Check Skills/Equipment Operated		
<input type="checkbox"/> Copier <input type="checkbox"/> Computer <input type="checkbox"/> Calculator <input type="checkbox"/> Typewriter	<input type="checkbox"/> Fax <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Publisher	Production/Mobile Machinery (list): <hr/> <hr/> <hr/>	Other (list): <hr/> <hr/> <hr/>

<p>State any additional information you feel may be helpful to us in considering your application.</p> <hr/> <hr/> <hr/>

Indicate any foreign languages you can speak, read, or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

References

List name and telephone number three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

PLEASE READ CAREFULLY

I CERTIFY THAT THE INFORMATION GIVEN ON THE APPLICATION AND IN ANY OTHER SUPPORTING DOCUMENTATION, RESUME, ETC. IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION, WILLFUL OR NEGLIGENT MISREPRESENTATION, OR FAILURE TO DISCLOSE ANY REQUESTED INFORMATION WILL CONSTITUTE SUFFICIENT GROUNDS FOR Alliance of Alabama TO TERMINATE MY EMPLOYMENT WITHOUT NOTICE. I FURTHER UNDERSTAND THAT Alliance of Alabama WILL PERFORM A PRE-EMPLOYMENT INVESTIGATION TO DETERMINE MY SUITABILITY FOR EMPLOYMENT AND I AUTHORIZE Alliance of Alabama TO SECURE THE INFORMATION NECESSARY TO MAKE A DECISION. I FURTHER UNDERSTAND THAT FIRST CARE WILL ADHERE TO APPLICABLE STATE AND FEDERAL STATUTES CONCERNING THE SECURING OF INFORMATION, HANDLING, UTILIZATION, AND RELEASE OF INFORMATION OBTAINED IN THE PRE-EMPLOYMENT INVESTIGATION. IF THIS APPLICATION IS CONSIDERED FAVORABLY, I UNDERSTAND THAT I MAY HAVE TO PASS A PHYSICAL EXAMINATION AS A CONDITION OF EMPLOYMENT. I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT 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.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

SIGNATURE: _____ DATE: _____

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange Interview	Yes	No	
Remarks	_____		
Employed	Yes	No	Date of Employment _____
Job Title	Hourly Rate/Salary _____		Department _____
By	NAME AND TITLE _____		DATE _____

NOTES _____

