**APPLICATION FOR EMPLOYMENT COVINGTON COUNTY COMMISSION**

P.O.BOX188-ANDALUSIA,AL 36420

PH:334-428-2610 FAX:334-428-2606

PLEASE PRINT

Position(s) Applied For

Arena & Grounds Supervisor - 01272025

Referral Source  Ad  Employee  Relative  Employment Agency  Walk-In  Other Name of Source

Name Address

TelephoneNo. Alternate Phone No.

If necessary, best time to call at home May we contact you at work?  Yes  No If yes, work number and best time to call

Have you ever filed an application here before?  Yes  No If so, when?

Are you related to anyone now employed by the County?  Yes  No If yes, who? Have you ever been employed here before?  Yes  No If yes, give date & dept. Are you legally eligible for employment in this country?  Yes  No

Proof of U.S. Citizenship or immigration status will be required upon employment. Date available for work

Type of employment requested  Full-Time  Part-Time Temporary  Seasonal  Educational Coop Are you on lay-off subject to recall?  Yes No Will you work overtime if required?  Yes  No

Are you a veteran?  Yes No Will you travel if job requires it?  Yes No Are you able to meet the attendance requirements of the position?  Yes  No

Have you ever been bonded?  Yes  No

Driver's license number (if job requires it) State

COVINGTON COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

THE COVINGTON COUNTY COMMISSION PROVIDES A DRUG-FREE WORKPLACE. ALL EMPLOYEES ARE SUBJECT TO DRUG AND

ALCOHOL TESTING PURSUANT TO COVINGTON COUNTY’S SUBSTANCE ABUSE POLICY.

Employment History List your last four(4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer

From

To

Address Start Pay  Final Pay

Job Title Supervisor

Summarize work performed and job responsibilities

Reason for leaving

May we contact for reference?

Yes

Employer Phone

Employer

From

To

No

Address Start Pay  Final Pay

Job Title Supervisor

Summarize work performed and job responsibilities

Reason for leaving

May we contact for reference?

Yes

Employer Phone

Employer

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Yes

Employer Phone

Employer

From

To

No

Address Start Pay  Final Pay

Job Title Supervisor

Summarize work performed and job responsibilities

Reason for leaving

Comments re: gaps in employment history

Educational Background

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | No Years | Degree | GPA | Major | Minor |
|  | Completed | Earned | Class Rank |  |  |

List any foreign languages and your skill level (read,write,speak)

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for this work

References List name and telephone number of 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 Number Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

Organization Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

List any additional information you would like us to consider

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at anytime, the Employer reserves the right to terminate my employment at anytime, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to complete a new application form. I also understand that a new application form must be completed for each position for which I wish to be considered.

Signature of Applicant

Date

**All forms must be fully completed, signed, and returned by the deadline for accepting applications. Completed forms may be returned in person, by mail, or by fax to:**

|  |  |  |
| --- | --- | --- |
| **COVINGTON COUNTY COMMISSION** | **PHONE:** | **(334)428-2610** |
| **260 HILLCREST DRIVE** | **FAX:** | **(334)428-2606** |
| **P.O. BOX188** |  |  |
| **ANDALUSIA, ALABAMA 36420** |  |  |