## APPLICATION FOR EMPLOYMENT

PLEASE PRINT

## COVINGTON COUNTY COMMISSION

P.O.BOX188-ANDALUSIA,AL 36420 PH:334-428-2610 FAX:334-428-2606

Position(s) Applied For Full-Time Asphalt Truck Driver - 11082024						
Referral Source Ad	Employee	Relative	Employment Agency			
☐ Wa	ılk-In	Name of Source				
Name						
Address						
TelephoneNo.	Alternate Pho	ne No.				
If necessary, best time to call at home May we contact you at work?						
If yes, work number and best time to call						
Have you ever filed an application here before?						
Are you related to anyone now employed by the County?						
Have you ever been employed here before?  Yes No If yes, give date & dept.						
Are you legally eligible for employment in this country?						
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?						
Are you a veteran?	☐ Yes ☐ No	Will you travel if job re	quires it? Yes No			
Are you able to meet the attendance requirements of the position?						
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 ☐ Yes ☐ No Employer Phone May we contact for reference? То **Employer** From Address Start Pay Final Pay Job Title Supervisor Summarize work performed and job responsibilities Reason for leaving No ☐ Yes **Employer Phone** May we contact for reference? From **Employer** To Address Start Pay Final Pay Job Title Supervisor Summarize work performed and job responsibilities Reason for leaving ☐ Yes ☐ No Employer Phone May we contact for reference? From **Employer** To 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 Completed		Degree Earned		GPA Class Rank	Major	Minor
								I I
List any foreign languages a (read,write,speak)	and your skill leve	el						
Summarize special skills and acquired from employment experiences that may qualif work	or other							
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, busin	ness, or civic asso	ociations and ar	ny offices	s held. (Excl	ude me	emberships w	hich would rev	eal sex, race, religion,
national origin, age, color, disability or other protected status).  Organization  Offices Held								
List special accomplishmer publications, awards. (Exclu- information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).	ude							
List any additional informat you would like us to consid								

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	

PHONE: (334)428-2610

FAX: (334)428-2606

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 260 HILLCREST DRIVE P.O. BOX188 ANDALUSIA, ALABAMA 36420