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	Mainte	enance - 041720	 25		
Referral Source Ac	d l	Employee	Relative	Employment Agency	
□ W	alk-In	Cther	Name of Source		
Name					
Address					
Telephone No.		Alternate Phon	e 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?					
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?	Yes	_No \	Will you work overtime	e if required?	
Are you a veteran?	Yes	_No √	Vill you travel if job red	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 require	s 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
List any foreign languages a (read, write, speak)	and your skill leve	j						
Summarize special skills and acquired from employment experiences that may qualif work	or other							
	ame and telephon visors. If not appli Name			ol or personal	refere		not related to	ou and are not previous you. 'ears Known
List professional, trade, busin	ness, or civic asso	ociations and a	ny offic	es held. (Excl	ude me	emberships w	hich would reve	eal sex, race, religion,
national origin, age, color, dis		rotected statu					Offices H	
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 conside								

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 any time, 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	
Applicant		

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