

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

SIGN TRUCK OPERATOR - 10282024

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	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Address	<input type="text"/>	Start Pay	<input type="text"/>	Final Pay	<input type="text"/>
Job Title	<input type="text"/>	Supervisor	<input type="text"/>		
Summarize work performed and job responsibilities	<input type="text"/>				
Reason for leaving	<input type="text"/>				
May we contact for reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employer Phone	<input type="text"/>	

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Reason for leaving	<input type="text"/>				

Comments re: gaps in employment history

Educational Background

School	No Years Completed	Degree Earned	GPA Class Rank	Major	Minor

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

**PHONE: (334)428-2610
FAX: (334)428-2606**