

Answer questions for each period of employment; include previous employment with the State of Alabama, military service, and related volunteer work. Failure to give complete information will result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet (page 3).

A. Title of present or most recent position _____ **Starting Salary** _____ **Last Salary** _____

| | | | |
|---|------|------|--|
| Date employed _____ | | | Name & Title of supervisor _____ No. emp. superv. by you _____ |
| Date separated _____ | | | |
| Full-time | Yrs. | Mos. | Employer _____ Address _____ |
| Part-time | Yrs. | Mos. | |
| If part-time, no. of hrs. worked /wk. _____ | | | Duties _____ |
| | | | Reason for leaving _____ |

B. Title of next most recent position _____ **Starting Salary** _____ **Last Salary** _____

| | | | |
|---|------|------|--|
| Date employed _____ | | | Name & Title of supervisor _____ No. emp. superv. by you _____ |
| Date separated _____ | | | |
| Full-time | Yrs. | Mos. | Employer _____ Address _____ |
| Part-time | Yrs. | Mos. | |
| If part-time, no. of hrs. worked /wk. _____ | | | Duties _____ |
| | | | Reason for leaving _____ |

C. Title of next most recent position _____ **Starting Salary** _____ **Last Salary** _____

| | | | |
|---|------|------|--|
| Date employed _____ | | | Name & Title of supervisor _____ No. emp. superv. by you _____ |
| Date separated _____ | | | |
| Full-time | Yrs. | Mos. | Employer _____ Address _____ |
| Part-time | Yrs. | Mos. | |
| If part-time, no. of hrs. worked /wk. _____ | | | Duties _____ |
| | | | Reason for leaving _____ |

CERTIFICATION AND CONDITION OF EMPLOYMENT AGREEMENT

I certify that the statements on or attached to this application are true and correct to the best of my knowledge. I know that any false statements may cause me to be denied employment, the chance for testing, to be removed from an employment register, or to be released from employment. I authorize the release of all prior employment, military service, academic/school and criminal records. If employed, I agree, consistent with applicable laws, to receive compensatory time off in lieu of overtime cash compensation. I also certify (if applicable) that I have enclosed proof of my service registration in compliance with Act 91-584.

Date _____

Applicant's Signature : _____

EQUAL EMPLOYMENT OPPORTUNITY REPORTING AND RESEARCH

(Federal Employment Opportunity Reporting and Research requires the following Information which is not used to evaluate your application.)

Date of Birth: Month Day Year

Sex: Male Female U.S. Citizen: Yes No

Social Security #:

Race: 1. White 2. Oriental/Asian 3. Native American 4. Black 5. Hispanic/Latino

*Act 91-584 mandates that persons required to register with the U.S. Selective Service System (i.e., male citizens of the U.S. between the ages of 18 and 26) furnish proof of registration before any offer of employment, promotion, or advancement may be made by the State of Alabama.

A copy of the Selective Service registration must accompany this application.

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| | Yes (X) | No (X) | AVAILABILITY SCHEDULE | | | | | | | | |
|--|---------|--------|--|-----|-----|------|-----|------|-----|-----|--|
| | | | DAY | SUN | MON | TUES | WED | THUR | FRI | SAT | |
| Are you willing to make a two year commitment? | | | HOURS: from | | | | | | | | |
| Do you have a valid Alabama driver's license? (optional) If yes, the driver's license # _____ | | | HOURS: to | | | | | | | | |
| Are you fluent in a language other than English? | | | List additional languages | | | | | | | | |
| Are you associated with/related to anyone in the justice system or anyone involved in the program you are applying to? | | | GIVE DETAILS (use additional paper, if necessary) | | | | | | | | |
| Have you, or a member of your family, been involved in juvenile court proceedings? (optional) | | | | | | | | | | | |
| HOW DID YOU LEARN ABOUT OPPORTUNITIES IN JUDICIAL VOLUNTEERING? | | | | | | | | | | | |
| WHY DID YOU CHOSE TO APPLY AS A JUDICIAL VOLUNTEER? (Use additional paper, if necessary) | | | | | | | | | | | |
| WHAT TYPE OF VOLUNTEER WORK DO YOU WISH TO PERFORM? | | | | | | | | | | | |

CHARACTER REFERENCES (exclude relatives)

| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|
| | | |
| | | |
| | | |

STATEMENT

I, the undersigned, hereby

- understand that all the information requested will be for confidential use in determining my placement in the program.
- understand that I must complete all training required to maintain my position in the program, if accepted;
- acknowledge that, to the best of my ability, all the information given on this form is true and correct.
- authorize the Unified Judicial System to obtain a complete criminal background check (please see Release Form).

APPLICANT'S SIGNATURE

COUNTY VOLUNTEERING

DATE