

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). Providing salary information is optional.

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 : _____

