P.O. Box 987 Selma, AL 36702 (334) 877-2795

Employment Application

The Dallas County Commission is an equal opportunity employer, and applicants will be considered without regard to their race, color, religion, sex, national origin, age, veterans' status or disability. We appreciate your interest in employment with Dallas County and assure you we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications. Please fill this application form out carefully and completely. Submission of a resume **will not** substitute for completing the application.

Job Applicants applying for a "Designated Safety Sensitive Position" are required to submit to a Drug Testing at or near the final stage of the hiring process.

Any offer of employment will be conditional upon a **NEGATIVE** drug test result.

Date: _____

Name: _____
Last First Middle

Any other name used: (nickname, assumed, etc.) _____

Street Address: _____
Number Street City State Zip Code

Mailing Address: _____
Number of P.O. Box Street City State Zip Code

Telephone Number: ( ) _____ Email Address: _____

POSITION(s) Applied For: _____

Are you available to work ____Full-Time ____ Part-Time ____ Temporary

____Shift Work ____ Other: _____

On what date are you available for work? _____

Are you presently employed? ____ Yes ____ No

Are you legally eligible to work in the United States? ____ Yes ____ No

Have you ever been convicted of an offense other than a minor traffic violation?
Criminal convictions are not an absolute bar to employment but will be considered in the relation to specific job requirements. ____ Yes ____ No

If Yes, please explain: _____

DALLAS COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

DALLAS COUNTY
APPLICATION FOR EMPLOYMENT

EMPLOYMENT RECORD:

#1 Present or Most Recent Employer:
Employer Name: _____ Telephone: ( ) _____

Adress: _____
Number Street City State Zip Code

Supervisor Name: _____ Title: _____

Your Job Title: _____

Dates of Employment: From: _____ To: _____

Was you employment _____ Full-time _____ Part-time (avg. hours per week: _____)

Describe your duties: _____

Reason for leaving: _____

#2 Previous:
Employer Name: _____ Telephone: ( ) _____

Adress: _____
Number Street City State Zip Code

Supervisor Name: _____ Title: _____

Your Job Title: _____

Dates of Employment: From: _____ To: _____

Was you employment _____ Full-time _____ Part-time (avg. hours per week: _____)

Describe your duties: _____

Reason for leaving: _____

#3 Previous:
Employer Name: _____ Telephone: ( ) _____

Adress: _____
Number Street City State Zip Code

Supervisor Name: _____ Title: _____

Your Job Title: _____

Dates of Employment: From: _____ To: _____

Was you employment _____ Full-time _____ Part-time (avg. hours per week: _____)

Describe your duties: _____

Reason for leaving: _____

May we contact the employers listed above? Yes _____ No _____

If NO, indicate the employers you do not wish us to contact: _____

DALLAS COUNTY
APPLICATION FOR EMPLOYMENT

EDUCATION:

Name of High School: _____

Did you graduate: Yes: _____ No: _____
Mark which diploma: Advanced: _____ General: _____ Certificate of Completion: _____
Have you completed the requirements for a General Education Diploma (G.E.D.)? Yes: _____ No: _____
If yes, state where received: _____

Name of College: _____
Years Completed: 1 2 3 4 5 6 Did you graduate? Yes: _____ No: _____
Major: _____ Degree: _____

Name of Graduate School: _____
Did you graduate? Yes: _____ No: _____
Area of Study: _____ Degree: _____

Vocational Technical School: _____

Years Completed: 1 2 3 4 5 6 Did you graduate? Yes: _____ No: _____
Area of Study: _____ Degree: _____

Other Formal Education: _____
_____City: _____State: _____

Years Completed: 1 2 3 4 5 6 Did you graduate? Yes: _____ No: _____
Area of Study: _____ Degree: _____

SPECIALIZED TRAINING / SKILLS:

Typing: _____ /wpm Shorthand: _____ /wpm

Can you operate: _____ Calculator _____ Dictaphone _____ Multi-line Telephone System
_____ Copier _____ Word Processor _____ Data Entry Terminal

List any other training, skills or aptitudes which you feel are related to the type of employment you are seeking with the County:

_____
_____

Do you have a valid Driver's License: Yes: _____ No: _____

License Number: _____ State: _____ Type: _____

Have you ever been employed by the Dallas County Commission? Yes: _____ No: _____

If yes, state: Supervisor's Name: _____ Department: _____

Your position: _____ From: _____ To: _____

Reason for termination:

_____
_____

DALLAS COUNTY

APPLICATION FOR EMPLOYMENT

MILITARY SERVICE:

Have you served in the U.S. Military Service: Yes: _____ No: _____
Dates of active service: From: _____ To: _____
Branch of Service: _____ Type of Duty: _____
Describe aby special training or skills acquired in the Service:

_____

_____

List memberships in any professional organizations which you feel would enhance your application:

_____

_____

APPLICANT'S STATEMENT

Read Carefully:

The information contained in this application is correct and accurate to the best of my knowledge. I understand that the employment is subject to: verification of applicable lawful age, legal right to remain permanently in the United States and physical examination and condition; and I will furnish and submit such lawful proof, documents and permits as may be necessary to verify the same, I hereby agree to submit to medical examination based on the essential functions of the job after a conditional job offer has been made. I authorize: (A) Investigation of the information contained in this application, of other matters concerning my past employment, credit, educational records, or other activities, (B) The issuance of credit and consumer reports or other statements which may be furnished or obtained concerning the same. I hereby release from ant and all liability and responsibility all persons, companies and corporations supplying such information and Dallas County in obtaining the same. Dallas County will comply with the American with Disabilities Act of 1990. The County will attempt to provide reasonable accommodation for a qualified individual with a disability as defined by ADA and is capable of performing the essential job functions with or without reasonable accommodation, unless undue hardship to the County or direct threat to the employee or other would result.

I agree to use such personal protection equipment and devices as may be required by the County and to comply with safety rules and requirements. I understand that any misleading or incorrect statements may render this application void and in the event of my employment would be cause for immediate dismissal.

I have carefully read the above and fully understand the same.

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR RELEASE OR EPLOYMENT INFORMATION

Applicant:

This will authorize all previous employers of mine to provide Dallas County with any information that Dallas County may request. I hereby authorize each previous employer of mine to give to the Dallas County any information in my personnel file that the County may request, including, but not limited to disciplinary actions, attendance records, reports relative to training and education, and any other information available concerning my previous employment. Dallas County may obtain an investigative report that includes information obtained through personal interviews with supervisors and business associates with any previous employer of mine. The personal interviews may seek information about my past job performance reliability, character, personal characteristics, and general reputation.

I understand that if I am hired, the County may terminate my employment during the probationary period, or at any other time with or without cause. I understand that no promise of employment for a particular length of time has been made to me. I further understand that no manager, supervisor, employer or other County representative has the authority to promise employment for a particular length of time or to make any other promise or representations about my future employment with the County.

I have read and understand the application and all information contained herein.

Signature of Applicant: _____ Date: _____

REFERENCES

Only professional references will be accepted. A professional reference is someone who is either a past employer or someone who knows your professional capabilities (i.e., supervisors, managers, co-workers, former teachers, etc.). ***Personal references will not be accepted.***

A minimum of three professional references is required. It is ***preferred*** that the ***three required references be either a supervisor or a manager*** that you have worked for in your present and/or past employment. Please try your very best to obtain contact information for three supervisors or managers, but if this is not possible, then a co-worker may be used as a required reference. The fourth and fifth optional references may be a co-worker or teacher. In the second column, identify each reference by writing supervisor, manager, co-worker, or teacher in the blank.

Please follow these instructions for timely processing of your reference checks.

- Contact each person to obtain permission to use as a reference.
- Ask each reference for their ***cell phone number*** and ***email address***.
- Obtain permission to provide this information to the Dallas County Commission and DISA Global Solutions.
- Ask your references to look for an email from DISA Global Solutions.
- Ask your references to provide honest, helpful feedback to the survey questions.
- Thank them for their cooperation.

NAME	SUPERVISOR, MANAGER, CO-WORKER, OR TEACHER?	CELL PHONE NUMBER	EMAIL ADDRESS
1._____	_____	( )_____	_____
1._____	_____	( )_____	_____
1._____	_____	( )_____	_____
1._____	_____	( )_____	_____
1._____	_____	( )_____	_____