

MASTER

APPLICATION FOR EMPLOYMENT
CIVIL SERVICE BOARD
LAUDERDALE COUNTY

DATE OF APPLICATION: _____

POSITION APPLYING FOR: _____

Please answer all questions in ink, in your own handwriting. All information will be held in confidence. This application will be a part of your permanent record if you are considered for employment. *Thank you.*

SECTION 1

FULL NAME: _____

ADDRESS: _____
Street City State Zip

PHONE #: _____ DATE OF BIRTH: _____

WEIGHT: _____ EYES: _____ HAIR: _____ Male: _____ Female: _____

SOCIAL SECURITY #: _____ - _____ - _____ DRIVERS LICENSE #: _____

MARRIED: _____ SINGLE: _____ DIVORCED: _____ WIDOWED: _____ SEPARATED: _____

OF DEPENDENT CHILDREN: _____

Are you related to anyone employed by the county? YES: _____ NO: _____

If so, what is their NAME and DEPARTMENT: _____

Are you a citizen of the United States? YES: _____ NO: _____

Are you a citizen of Lauderdale County? YES: _____ NO: _____ If so, HOW LONG?: _____

If not, would you be willing to move to Lauderdale County, if employed? YES: _____ NO: _____

Have you ever been Arrested, Placed under Bond, Charged or Cited for Violations of any Law? YES: _____ NO: _____

If so, please explain: _____

Have you ever been convicted of a felony? YES: _____ NO: _____ If so, please explain: _____

Highest Grade Completed in School: _____ Do you have a degree? YES: _____ NO: _____

SPECIAL TRAINING: _____

SECTION 2

Are you currently employed? YES: ___ NO: ___ Where? : _____ Phone #: _____

PLEASE LIST LAST 4 EMPLOYERS (Beginning with most recent):

1. NAME: _____ ADDRESS: _____

SALARY: _____ POSITION: _____ REASON for LEAVING: _____

2. NAME: _____ ADDRESS: _____

SALARY: _____ POSITION: _____ REASON for LEAVING: _____

3. NAME: _____ ADDRESS: _____

SALARY: _____ POSITION: _____ REASON for LEAVING: _____

4. NAME: _____ ADDRESS: _____

SALARY: _____ POSITION: _____ REASON for LEAVING: _____

SECTION 3

Have you Served in the Armed Forces of the United States? YES: ___ NO: ___ BRANCH: _____

Date of Discharge: _____ Type of Discharge: _____

Do you have a Disability Rating from the Service or any Other Source: YES: ___ NO: ___ RATING: _____

As part of this application you are also required to attach the following:

1. Copy of Voters Registration Card if a Resident
2. At Least Three (3) Letters of Recommendation from people who will certify as to your character and morals.
3. A Copy of your GED Certificate, if used in Lieu of a Diploma.

In the event your application is accepted and following your interview by the Civil Service Board, if you are placed on the approved list for employment, you will be furnished a medical report for which you will have completed and returned to the Civil Service Board to be made part of your permanent record. Your physical condition will then be considered and if found acceptable, you will then be rated for employment with Lauderdale County under the approved employment practice.

READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I hereby certify that the answers to the questions on this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentation on my part to the Civil Service Board forfeits all my rights to employment. I also agree to this application being made a part of my permanent record with the department and with the Civil Service Board and may be used by them for any lawful purpose. I further agree, that if I am employed, I will perform my duties regardless of assignments and duties, when ordered by a superior officer. I also agree if I am employed, to attend schools and training courses when offered or ordered by the department. I understand that I must attend Police Officer School as ordered by the Legislature of the State of Alabama, and I agree to do so.

Date

Signature in Ink