Form 3 – Revised April 2006

DO NOT WRITE IN THIS SPACE

APPLICATION FOR EXAMINATION

RETURN TO: STATE OF ALABAMA
PERSONNEL DEPARTMENT
64 NORTH UNION STREET
P O BOX 304100
MONTGOMERY, ALABAMA 36130-4100
WWW.PERSONNEL.STATE.AL.US

AN EQUAL OPPORTUNITY EMPLOYER

General Instructions

A separate application is required for each job. Do not write in shaded areas. Complete all parts of the application. Applications not properly completed will be returned. Photocopied and facsimile applications will be accepted.

ENTER SOCIAL SECURITY NUMBER BELOW

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Job Title of Examination (one per application): **Option (if applicable):**

Full Name _____
First Middle Last

Mailing Address _____
House or Apartment Number Street

_____
City State County Zip Code

Telephone Number: Home (____)_____ Cell (____)_____ Work (____)_____
Area Code Area Code Area Code

The following information is required for governmental reporting or recordkeeping purposes:

Date of Birth _____ _____ _____
(Month) (Day) (Year)

Sex (check one) 1. ( ) Male 2. ( ) Female

Race (check one) 1. ( ) White 2. ( ) Black 3. ( ) Hispanic 4. ( ) Asian or Pacific Islander 5. ( ) American Indian or Alaskan Native 6. ( ) Other

EDUCATION:
High School Diploma or GED? ( ) Yes ( ) No

CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED.
1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

ED ☐
LC ☐

PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK.

Name and Location of School	Dates of Attendance Month/Year From	To	Credit Hours Sem.	Qtr.	Did You Graduate? Yes	No	Type of Degree and Date	Major

PROFESSIONAL LICENSE OR CERTIFICATE

License/Certificate Issued By	Field/Trade/Specialization	License/Certificate No.	Issue Date	Expiration Date

LIST COURSES (AND HOURS) WHICH ARE PARTICULARLY RELATED TO POSITION (attach additional sheets, if needed)

_____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____

CERTIFICATION STATEMENT

I certify that all 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 the chance for testing, to be removed from an employment register, or to be released from employment. I will not discuss the test I have taken. I further authorize the release of all relevant 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 compensation for any overtime hours worked.

Signature _____ **Date** _____

During the application process, including testing and employment consideration, your name may be removed from an employment register for any disqualifying reason.

SOCIAL SECURITY NUMBER : ___ ___ ___ - ___ ___ - ___ ___ ___ ___

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.		
NAME	**ADDRESS AND PHONE NUMBER**	**EMPLOYER**

Should you need testing accommodations due to a health problem or disability, you must contact the State Personnel Department.

Have you ever been involuntarily terminated, discharged, forced or asked to resign from any job? ( ) **Yes** ( ) **No**

If you answered **Yes** to the above question, provide an explanation noting any mitigating or extenuating circumstances in the space below. If necessary, you may use a separate sheet or sheets and attach to the application.

_____

_____

_____

Have you ever been convicted of a misdemeanor or felony crime? ( ) **Yes** ( ) **No**

If you answered **Yes** to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

_____

_____

_____

NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT, EXCEPT THAT A FELONY CONVICTION WILL BAR EMPLOYMENT IN A LAW ENFORCEMENT JOB. THE DISCLOSURE OF A MISDEMEANOR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RÉSUMÉ IS ATTACHED.

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. **Each time you changed jobs or your title changed should be listed as a separate period.** Describe in detail your duties. (Attach additional sheets if needed.)

1. Current or Last Employer							Your Official Job Title
Address							Type of Business
FROM Month ____ Year ____	TO Month ____ Year ____	Total Months ____	Number of Hours Per Week ____	Beginning Salary $____ Per ____		Ending Salary $____ Per ____	May we contact your employer? ( ) Yes ( ) No
Number/Title of Employees You Supervised On a Continuing Basis							Equipment You Operated
Name, Title and Telephone Number of Supervisor							Reason for Leaving
Describe Your Duties in Detail							

SOCIAL SECURITY NUMBER : ___ ___ ___ - ___ ___ - ___ ___ ___ ___

2. Employer						Your Official Job Title
Address						Type of Business
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary	Ending Salary	May we contact your employer?
_____ ____	_____ ____	_____	_____	$_____ Per _____	$_____ Per _____	( ) Yes ( ) No
Number/Title of Employees You Supervised On a Continuing Basis						Equipment You Operated
Name, Title and Telephone Number of Supervisor						Reason for Leaving
Describe Your Duties in Detail						

3. Employer						Your Official Job Title
Address						Type of Business
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary	Ending Salary	May we contact your employer?
_____ ____	_____ ____	_____	_____	$_____ Per _____	$_____ Per _____	( ) Yes ( ) No
Number/Title of Employees You Supervised On a Continuing Basis						Equipment You Operated
Name, Title and Telephone Number of Supervisor						Reason for Leaving
Describe Your Duties in Detail						

4. Employer						Your Official Job Title
Address						Type of Business
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary	Ending Salary	May we contact your employer?
_____ ____	_____ ____	_____	_____	$_____ Per _____	$_____ Per _____	( ) Yes ( ) No
Number/Title of Employees You Supervised On a Continuing Basis						Equipment You Operated
Name, Title and Telephone Number of Supervisor						Reason for Leaving
Describe Your Duties in Detail						

5. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS.

SOCIAL SECURITY NUMBER : ___ ___ ___ - ___ ___ - ___ ___ ___ ___

COMPLETE THIS SECTION IF YOU ARE CLAIMING VETERAN'S PREFERENCE

If you claim Veteran's Preference, check the type below. Attach copies **(which will not be returned)** of the required documents to your application to support your claim.

1 ( ) Veteran (5 points) - Requires DD214 or document showing dates of service and type of discharge. **If this has been submitted previously and is on file with this office, you may disregard this requirement. Note: Must be active duty for other than training purposes.**

2 ( ) Disabled Veteran (10 points) - Requires DD214 or other document as above and letter of disability from V.A. dated within last 6 months. **V.A. letter must be kept updated until register is established or you lose the extra 5 points.**

3 ( ) Deceased Veteran's spouse (10 points) - Requires DD214 or other document as above and marriage and death certificates. Cannot be claimed if spouse remarries.

4 ( ) Disabled Veteran's spouse (10 points) - Requires DD214 or other document as above and V.A. letter of disability dated within last 6 months. Cannot be claimed unless still married to disabled veteran who because of this disability is not them self qualified.

5 ( ) Permanently Disabled Veteran (10 points) - Requires DD214 or other document as above indicating veteran is permanently disabled or DD214 or other document and V.A. letter indicating permanent disability.

COMPLETE THIS SECTION IN ORDER TO BE SCHEDULED FOR WRITTEN EXAMS

Written exams will be given in the places below for which a sufficient number of applicants express preference. Indicate by number your 1st, 2nd and 3rd choices.

1 ( ) Alexander City **4 ( )** Decatur **6 ( )** Jacksonville **8 ( )** Mobile **10 ( )** Selma **12 ( )** Tuscaloosa
3 ( ) Birmingham **5 ( )** Dothan **7 ( )** Linden **9 ( )** Montgomery **11 ( )** Florence **13 ( )** Huntsville

If you qualify, you will receive a notice showing the place and time you are to report for the exam.

Where did you learn of this job? (check all that apply)

1 ( ) State Employment Service
2 ( ) Job Announcement Notice
3 ( ) Newspaper
4 ( ) College Placement/Career Office
5 ( ) Friend/Relative
6 ( ) Dept. News Bulletin
7 ( ) Rehabilitation Services
8 ( ) High School Counselor
9 ( ) Legislative Representative
10 ( ) State Recruiter / Counselor
11 ( ) State Personnel Dept. Information Board
12 ( ) Outreach Program (i.e. Church)
13 ( ) TV/Radio Commercial
14 ( ) State Personnel Dept. Website
15 ( ) Other Website
16 ( ) Other _____

AVAILABILITY

81 - Northwest Alabama
17 Colbert
30 Franklin
39 Lauderdale
40 Lawrence

82 - Huntsville/ Decatur Area
36 Jackson
42 Limestone
45 Madison
48 Marshall
52 Morgan

83 - Northeast Alabama
10 Cherokee
25 Dekalb
28 Etowah

84 - Jasper/ Winfield Area
29 Fayette
38 Lamar
47 Marion
64 Walker
67 Winston

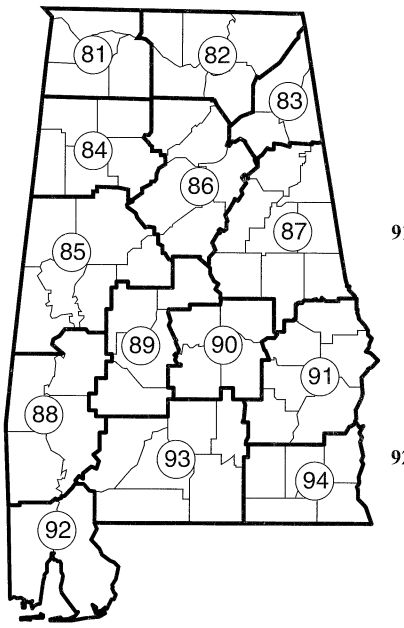
85 - Tuscaloosa Area
04 Bibb
32 Greene
33 Hale
54 Pickens
60 Sumter
63 Tuscaloosa

86 - Birmingham Area
05 Blount
22 Cullman
37 Jefferson
58 Shelby
59 St. Clair

87 - East Central Alabama
08 Calhoun
09 Chambers
14 Clay
15 Cleburne
19 Coosa
56 Randolph
61 Talladega
62 Tallapoosa

88 - Southwest Alabama
12 Choctaw
13 Clarke
46 Marengo
65 Washington

89 - Selma/Clanton Area
11 Chilton
24 Dallas
53 Perry
66 Wilcox



90 - Montgomery Area
01 Autauga
26 Elmore
43 Lowndes
51 Montgomery

91 - Phenix City Troy Area
03 Barbour
06 Bullock
41 Lee
44 Macon
55 Pike
57 Russell

92 - Mobile Area
02 Baldwin
49 Mobile

93 - South Central Alabama
07 Butler
18 Conecuh
20 Covington
21 Crenshaw
27 Escambia
50 Monroe

94 - Dothan Area
16 Coffee
23 Dale
31 Geneva
34 Henry
35 Houston

95 - Statewide (You will be considered for vacancies throughout the state. Relocation may be necessary)

Please answer the following questions with care. List in the spaces provided those areas of the state in which you would accept employment. You will be considered for employment only in the locations you indicate. You may choose a combination of up to seven counties and/or regions from the list above. If you list a region, you will be considered available for all counties in that region. The counties in each region are listed alphabetically below the region. You will not be considered for jobs involving overnight travel or shift work unless you so indicate.

List the numbers of up to 7 counties and/or regions where you are willing to work ____ ____ ____ ____ ____ ____ ____

If you want to be considered for appointment by **only certain state agencies,** indicate here _____

Enter the earliest date you will be available to interview for employment. (Your name will not appear on a list of eligibles until this date.) ____ ____ ____
Month Day Year

Will you accept work involving overnight travel? ( ) Yes ( ) No Will you accept part-time work? ( ) Yes ( ) No

Will you accept temporary work? ( ) Yes ( ) No

Which shifts are you willing to work? **0. ( ) all shifts 1. ( ) 1st only 2. ( ) 2nd only 3. ( ) 3rd only 4. ( ) 1st and 2nd only 5. ( ) 1st and 3rd only 6. ( ) 2nd and 3rd only**

NOTE: Your name will be placed on inactive status for this class after declining three offers of employment consideration or failing to reply to an agency's inquiry concerning your availability. Your name may be restored to the active register by written request.