

APPLICATION FOR EMPLOYMENT

Position Information	Title of position for which you are applying: _____		Date of Application

Personal Information	Last Name	First Name	Middle Initial		
	Address		City	State	ZIP
	<i>Contact Information</i>				
	Phone	Home	Work	Cell	E-mail Address

Secondary and Postsecondary Education		School/College	Dates Attended From/To	Major	Minor	Degree(s) Earned
	High School/ GED					
	College					
	College					
	College					
	Other (Specify)					

Employment History	Please list most recent employment experience first.		
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		

Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Attach additional page if needed.			

May we contact your current employer? Yes No

Skills, Certifications, Awards or Professional Activities	_____

**It is the policy of the Alabama Department of Postsecondary Education, including all postsecondary institutions under the control of the Alabama State Board of Education, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation in , be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.
(Each institution will make reasonable accommodations for qualified disabled applicants or employees.)**



REQUEST, AUTHORIZATION, CONSENT, AND RELEASE FOR BACKGROUND INFORMATION

I have been informed and acknowledged that on December 13, 2007 the State Board of Education adopted Policy 623.01 requiring criminal background checks for all new and current employees.

I understand that I may voluntarily consent to the use of my social security account number for the purpose of conducting a criminal background check. I further understand that my voluntary consent to use my social security account number is being requested for purposes of conducting a criminal background check, pursuant to the authority of the State School Board Policy 623.01. I understand that neither the Department of Postsecondary Education nor any employing authority within the Alabama Community College System will deny me any right, benefit or privilege provided by law because of my refusal to voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check pursuant to Policy 623.01.

I voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

I do not consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

The information I have given in my employment application, interviews, and/or related resumes and documents is true, complete, and accurate.

I understand and agree that if employed, and/or during any period of employment, any false statements, misrepresentations of facts, or omission made by myself become known, my employment shall be subject to immediate termination.

I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures set out in the guidelines for State Board Policy 623.01 will be followed.

I have read and completely understand this release.

Applicant's Signature: _____ Date: _____

Applicant's Name (Please print):

First Middle Last Maiden/Other

