

Application for Employment – Clay County Sheriff’s Office, Ashland, AL

We consider applicants for all positions without regard to race, color, religion, creed, gender national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other- explain _____	
Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number(s)			Social Security Number
Drivers License Number	State Issued		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date: _____

Have you ever been employed with us before? Yes No

If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

If hired, will you be able to work overtime when required? Yes No

Are you currently on “lay-off” status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

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

(including pleading guilty or nolo contendere.)

(This will not necessarily disqualify an application from employment)

If Yes, please explain: _____

Additional space on page 7, if needed.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If additional space is needed, use page 7 of this application.

Education

High School Diploma or GED? () Yes () No	CIRCLE THE HIGHEST GRADE OF SCHOOL COMPLETED. 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4		
PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. IF ONLINE, INDICATE BY * ASTERISK.			
<i>Elementary</i>	Name / Location	Dates of Attendance	Type of Diploma/Degree?
<i>High School</i>	Name / Location	Dates of Attendance	Type of Diploma/Degree?
<i>Undergraduate College</i>	Name / Location	Dates of Attendance	Type of Diploma/Degree?
<i>Graduate Professional</i>	Name / Location	Dates of Attendance	Type of Diploma/Degree?
<i>Other (Specify)</i>	Name / Location	Dates of Attendance	Type of Diploma/Degree?

Indicate any foreign languages you can speak, read and / or write.			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience.*

Specialized Skills: Circle: Skills, Equipment Operated, and Training.
If you received a certificate for training, copies may be required upon employment.

PC	Office Excel	Tazer	Radio Console
Copier	Office Word	O/C Spray	Other: _____
Fax	Type _____ WPM	Firearm	_____
PBX System	NCIC	LE Systems: _____	

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

CIRCLE: YES NO

References: List three independent persons, not relatives or present employer, who know you well enough to give accurate information about you.

Name	Address and Phone Number	Employer

Applicant's Statement

I hereby certify, under penalty of perjury, that all statements on or attached to this application are true, correct, and complete. I further agree and understand that any false or deceptive information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Clay County Sheriff's Office and may prohibit me from being considered for future employment.

I understand that all information on this application is subject to verification, and I consent to criminal history background, military service, and employment checks. I agree to allow my employer/prospective employer to receive a copy of my Criminal History report through NCIC. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

If employed, I agree and consistent with applicable laws, that I may receive compensatory time off in lieu of overtime compensation for any overtime hours worked.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by any authorized executive of this organization.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date

