

NORTHEAST ALABAMA CENTER FOR COMMUNITY INITIATIVES (NACCI)

Employment Application



| APPLICANT INFORMATION | | | | | | | | | |
|---|--|----|------------------------------|------------------------------|---|------------------|--|------------------------------|-----------------------------|
| Last Name | | | First | | | M.I. | | Date | |
| Street Address | | | | | | Apartment/Unit # | | | |
| City | | | State | | | Postal Zip Code | | | |
| Phone and Cell Phone | | | E-mail Address | | Birth date: | | | | |
| Date Available | | | Social Security No. | | | Desired Salary | | | |
| Position Applied for | | | | | | | | | |
| Are you a citizen of The United States of America (USA)? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the USA? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this organization/company/corporation? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | |
| Have you ever been convicted of a felony OR pleaded no contest to a felony? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, provide date and explain | | | | |
| State of Alabama Driver's License Number | | | | Expiration Date | | | | | |
| EDUCATION | | | | | | | | | |
| Name of High School | | | | Address | | | | | |
| From | | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| Name of University / College | | | | Address | | | | | |
| From | | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| Other | | | | Address | | | | | |
| From | | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| Other | | | | Address | | | | | |
| From | | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| PREVIOUS EMPLOYMENT | | | | | | | | | |
| FIRST MOST RECENT EMPLOYER | | | | | | | | | |
| Company | | | | | Phone () | | | | |

| | | | |
|--|-----------------|--|-----------------------------|
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| SECOND MOST RECENT EMPLOYER | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| THIRD MOST RECENT EMPLOYER | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| CERTIFICATION / LICENSES / SKILLS / AWARDS | | | |
| Have you been issued an Alabama certification in teaching, health education, health screening, counseling, etc.? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | If yes, PLEASE SUBMIT A PHOTOCOPY with this application. | |
| Type of Certification | | | |
| Year of Certificate Expiration | | | |

| | |
|--|----------------|
| | |
| List all Alabama Licenses (teaching, counseling, etc.) | 1. 2. 3. |
| List all Skills and Awards that may be applicable for performance of the duties related to this position | |

HEALTH AND SAFETY

| | | | |
|--|------------------------------|-----------------------------|---|
| Have you had any work related illnesses or injuries? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| If you have had such illnesses or injuries, would these prevent you from performing essential functions of the described position? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| Do you have any physical or mental condition which would affect your job performance, your safety or the safety of others in the workplace or during your work? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| If hired, would you be taking medication or drugs which would affect your job performance, your safety or the safety of others in the workplace or during your work? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| If you answered yes to any of the "HEALTH AND SAFETY" questions, please describe in the space provided | | | |

SECURITY

| | | | |
|--|------------------------------|-----------------------------|---------------|
| Please list all states and counties within those states in which you have lived for the past seven (7) years | | | |
| Have you used any names (aliases, maiden names, etc.) or Social Security numbers other than given on page 1? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| If so, please list all names (aliases, maiden names, etc.) and social security numbers used | | | |
| Have you ever been convicted of a felony OR pleaded no contest to a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have you ever been convicted of any crimes of moral turpitude or offenses involving children, the handicapped or the elderly? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| If you answered yes to the directly above two questions, please describe | <u>Incident</u> | <u>City/State</u> | <u>Charge</u> |
| | | | |

| | | | |
|--|--|------------------------------|-----------------------------|
| If consideration is given to you for hiring, do we have your permission to do a background check? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If you are giving us permission to do a background check, please sign and date your permission | | Signature _____ Date _____ | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

REFERENCES

Please list three professional references.

FIRST REFERENCE

| | |
|--------------------------|--------------|
| Full Name | Relationship |
| Company | Phone () |
| Address Line 1 | |
| Address Line 2 | |
| City, State and Zip Code | |

SECOND REFERENCE

| | |
|--------------------------|--------------|
| Full Name | Relationship |
| Company | Phone () |
| Address Line 1 | |
| Address Line 2 | |
| City, State and Zip Code | |

THIRD REFERENCE

| | |
|--------------------------|--------------|
| Full Name | Relationship |
| Company | Phone () |
| Address Line 1 | |
| Address Line 2 | |
| City, State and Zip Code | |

DISCLAIMER AND SIGNATURE

I certify that my answers and information contained in this application are true and complete to the best of my knowledge. I understand that false information or misleading information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information contained within this application.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|