Southeast Alabama Regional Planning and Development Commission

P.O. Box 1406 Dothan, Alabama 36302



Phone: 334-794-4093 X 1415 Fax: 334-794-3288 www.searpdc.org

APPLICATION FOR EMPLOYMENT

The Southeast Alabama Regional Planning and Development Commission is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis including race, color, religion, sex, age, national origin, veteran status, disability, genetic information, sexual orientation, gender identity, or any other applicable class as established by law. In reading or answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job related information.

This application will be given complete consideration, but its receipt does not imply that the applicant will be employed.

PLEASE PRINT or TYPE

Desired Position: ______ Date: ______ Full Name as it appears on your Social Security Card: First Middle Last Address: ______ House or Apartment Number Street City State Zip Code Contact Information: Cell: _____ Home: _____ Work: _____ Email: _____ Select the best method(s) of contact: Email Cell Home Work

Please note: This application form was designed for use by applicants for various positions so certain questions may not pertain to the position that interests you. Answer <u>all</u> questions that are relevant to the position for which you are applying. **Applications that are missing relevant job information or missing diploma/transcripts or other requested forms will <u>not</u> be considered. All information will be treated confidentially and released only to those connected with the selection process. Thank you for your interest and time.**

TYPE OF EMPLOYMENT

Do you wish to work:	Full Time	Part Time			
If part time, sp	pecify days/hours:				
Date available for work:					
Do you have a current valid of	driver's license?		Yes	No	
Salary desired:	_				
Do you have any commitmen	nts to another employ	er that might af	fect your employmer	nt with us?	
SKILLS					
Typing Speed:wor	ds per minute				
Office Equipment:					
Computer Software:					
Other Skills:					
Other Languages:		Fluency:	Spoken	Written	_
GENERAL INFORMA	TION				
Are you legally authorized to SEARP&DC participates in E		itates?	Yes	No	
Are you 18 years of age or ol	der?		Yes	No	
Do you know of any reason vapplying with or without reason			I functions of the job	for which you are	
			Yes	No	
Have you ever been convicted If Yes, explain the number of		of offense(s), ar	Yes nd date(s)	No	
A criminal record does not constitut	te an automatic bar to em	nployment and will b	pe considered only as it re	elates to the job in question	
Have you previously applied	for employment with	our organizatio	n?		
	Yes (D	ate:)	No	
Have you previously been en	nployed by this organ	nization?			
	Yes (D	ate:)	No	
Do you have any relatives wo	orking for this organiz	zation?	Yes	No	
If ves nlease	give names and rela	itionships:			

EDUCATION

If high school or	college is listed	copies of transcrip	ts or diploma	MUST be attached
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	Name	and Location		ee, Major, Certification ourse Completed
High School				
College				
Graduate				
Other/ Certifications				
ADDITIONAL T			ps, and conferences. Attach c	opies of certificates
	TRAINING re	List all courses, workshoeceived.) Location	pps, and conferences. Attach c Dates	opies of certificates Hours Attended
ADDITIONAL T	TRAINING re	eceived.)		
ADDITIONAL T	rkshop (List at least	Location		Hours Attended
ADDITIONAL Title of Course/Wor	(List at least one must be	Location Location	Dates	Hours Attended
ADDITIONAL Title of Course/Work	(List at least one must be	Location Location	Dates not related to you by blood, mar	Hours Attended Triage, or adoption. At lea
ADDITIONAL Title of Course/Work	(List at least one must be	Location Location	Dates not related to you by blood, mar	Hours Attended Triage, or adoption. At lea

EMPLOYMENT HISTORY

List in order beginning with current or mos	t recent emplo	yer. Attach pages	or resume	if necessa	ary.
Employer Name and Address					
Position/Job:		Dates Employed	From:		_To:
May we contact this employer?	YesNo	Salary: Start		Finish	
Supervisor's Name:		Phone:			
Job Duties					
Reason For Leaving					
Employer Name and Address					
Position/Job:		Dates Employed	From:		_ To:
May we contact this employer?					
Supervisor's Name:		Phone:			
Job Duties					
Reason For Leaving					

Employer Name and Address				
Position/Job:		Dates Employed From:		To:
May we contact this employer? Supervisor's Name:				
Job Duties				
Reason For Leaving				
Employer Name and Address				
Position/Job:		Dates Employed From:		To:
May we contact this employer? Supervisor's Name:				
Job Duties				
Reason For Leaving				
Please include any additional inform	nation that would be	helpful in considering you	for employme	ent such as

Agreement

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me for further consideration for employment, and may be justifications for my dismissal from employment, if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

	Initials
I authorize the investigation of all statements contained in this apany). I also authorize the company to contact my present employ application form), past employers, and listed references.	
I authorize any person, school, or current employer (except as prorganizations named in this application form (and accompanying with relevant information and opinions that may be useful to the and I release such persons and organizations from any legal liability	g resume, if any) to provide the company company in making a hiring decision,
	Initials
I understand that if my employment is terminated by the compart criminal acts the authorities may be notified and I may be crimin hired, I may not hold other employment, nor engage in sales, inv conflict of interest with my position with this company.	nally prosecuted. I also understand that, if
I understand that this application does not, by itself, create a con agree that, if hired, my employment is for no definite period of the payment of my wages or salary, be terminated at any time. I und change any of the terms mentioned in this employment application.	ime, and may, regardless of the date of erstand that no person is authorized to
Signature Date	

Applicant Data Record

Applicants are considered for all positions and employees are treated during their employment, without regard to their race, sex, color, religion, national origin, disability, age, veteran status, genetic information, sexual orientation, gender identity or any other applicable class as established by law.

To help comply with governmental record keeping requirements, we would appreciate you completing this form. However, completion of this form is strictly voluntary. This data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file, without your name on it, separate from your application for employment.

Date	Position	n(s) applied for
How were you i	referred to our Comp	Pany? Newspaper Private Employment Agency Relative or Friend Employed by the company Other (Explain:)
Personal:	Check one:	Male Female
		White African American Hispanic Asian/Pacific Islander American Indian
Check any that may apply:		Vietnam Era Veteran Disabled Veteran Disabled Person

If returning this form with the application, please seal the envelope to assure privacy.