

# 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.searpcdc.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, creed, religion, age, sex, national origin, ancestry, marital status, military status, genetics, or the presence of any physical or mental condition or disability. 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
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Address: \_\_\_\_\_  
House or Apartment Number Street

\_\_\_\_\_

City	State	Zip Code
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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 all 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 not 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

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Do you wish to work:  Full Time  Part Time

If part time, specify days/hours: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Do you have a current valid driver's license?  Yes  No

Salary desired: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us?

\_\_\_\_\_

## SKILLS

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Typing Speed: \_\_\_\_\_ words per minute

Office Equipment: \_\_\_\_\_

Computer Software: \_\_\_\_\_

Other Skills: \_\_\_\_\_

Other Languages: \_\_\_\_\_ Fluency: Spoken \_\_\_\_\_ Written \_\_\_\_\_

## GENERAL INFORMATION

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Are you legally authorized to work in the United States?  Yes  No  
SEARP&DC participates in E-Verify

Are you 18 years of age or older?  Yes  No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation?  
 Yes  No

Have you ever been convicted of a felony?  Yes  No  
If Yes, explain the number of convictions, nature of offense(s), and date(s)

\_\_\_\_\_

*A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question*

Have you previously applied for employment with our organization?

Yes (Date: \_\_\_\_\_)  No

Have you previously been employed by this organization?

Yes (Date: \_\_\_\_\_)  No

Do you have any relatives working for this organization?  Yes  No

If yes, please give names and relationships: \_\_\_\_\_

## EDUCATION

If high school or college is listed, copies of transcripts or diploma **MUST** be attached

	Name and Location	Highest Grade, Degree, Major, Certification or Type of Course Completed
High School		
College		
Graduate		
Other/ Certifications		

## ADDITIONAL TRAINING

(List all courses, workshops, and conferences. Attach copies of certificates received.)

Title of Course/Workshop	Location	Dates	Hours Attended

## REFERENCES

(List at least four persons who are not related to you by blood, marriage, or adoption. At least one must be a former employer.)

Name and Address	Occupation	Phone

## EMPLOYMENT HISTORY

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List in order beginning with current or most recent employer. Attach pages or resume if necessary.

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Employer Name and Address

Position/Job: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No 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?  Yes  No Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties

Reason For Leaving

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Employer Name and Address

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Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties

Reason For Leaving

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Employer Name and Address

Position/Job: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties

Reason For Leaving

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Please include any additional information that would be helpful in considering you for employment such as additional work experience, activities, accomplishments, etc...

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# **WIREGRASS TRANSIT AUTHORITY**

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**The following information is required to apply for the position of Driver:**

**CDL:**     **YES**     **NO**

**CLASS:**     **A**     **B**     **C**

**ENDORSEMENTS:** \_\_\_\_\_

**DRIVERS LICENSE NUMBER:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**Have you had any traffic violations or convictions in the last five (5) years?**

**YES**     **NO**

**(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)**

# AGREEMENT

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Please read carefully and initial each paragraph before signing.

I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me for further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify SEARP&DC if I should be convicted of a felony or any crime involving dishonesty or 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 application (and accompanying resume, if any). I also authorize a representative of SEARP&DC to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

Initials \_\_\_\_\_

I authorize any person, school, agency, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide SEARP&DC with relevant information and opinions that may be useful to the organization in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

Initials \_\_\_\_\_

I understand that if my employment is terminated by SEARP&DC for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, engage in sales, investments or other activities that create a conflict of interest with my position with this organization.

Initials \_\_\_\_\_

I understand that my employment can be terminated with or without cause, at any time at the discretion of either the organization or myself. I understand that this application does not create a contract of employment. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

Initials \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date