

# *Southeast Alabama Regional Planning and Development Commission*

P.O. Box 1406  
Dothan, Alabama 36302



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[www.searpcdc.org](http://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 age(40 and older), race, color, national origin, ancestry, religion, sex, pregnancy (including childbirth, lactation, and related medical conditions), physical or mental disability, genetic information (including testing and characteristics), veteran status, uniformed service member status, sexual orientation, gender identity, or any other status protected by federal, state, or local laws. 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: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Please list the best method(s) of contact:

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Please note: This application 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.

**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

Preferred Salary: \_\_\_\_\_

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

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**SKILLS**

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

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

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

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

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

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**GENERAL INFORMATION**

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**

Transcripts or diploma MUST be attached for the highest education level listed.

	<b>Name and Location</b>	<b>Highest Grade, Degree, Major, Certification or Type of Course</b>
<b>High School</b>		
<b>College</b>		
<b>Graduate</b>		
<b>Other</b>		

**ADDITIONAL TRAINING**

List all courses, workshops, or conferences and attach copies of certificates.

<b>Title of Course/Workshop</b>	<b>Location</b>	<b>Dates</b>	<b>Hours Attended</b>

**REFERENCES**

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

<b>Name</b>	<b>Address</b>	<b>Phone</b>

## **EMPLOYMENT HISTORY**

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List in order beginning with current or most recent employer.

Employer Name and Address

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

May we contact this employee   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  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 employee?  Yes  No 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 Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Job Duties

Reason For Leaving

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

**AGREEMENT** Please read carefully and initial each paragraph before signing.

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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 justification 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 application (and accompanying resume, if any). I also authorize the company to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

Initials \_\_\_\_\_

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

Initials \_\_\_\_\_

I understand that if my employment is terminated by the Agency 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, nor engage in sales, investments or other activities that create a conflict of interest with my position with this Agency.

Initials \_\_\_\_\_

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

Initials \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **APPLICANT DATA RECORD**

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Applicants are considered for all positions and employees are treated during their employment, without regard to their age (40 and older), race, color, national origin, ancestry, religion, sex, pregnancy (including childbirth, lactation, and related medical conditions), physical or mental disability, genetic information (including testing and characteristics), veteran status, uniformed service member status, sexual orientation, gender identity, or any other status protected by federal, state, or local laws.

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(s) applied for** \_\_\_\_\_

**How were you referred to our Agency?** \_\_\_\_\_ Newspaper  
\_\_\_\_\_ Private Employment Agency  
\_\_\_\_\_ Relative or Friend Employed by the Agency  
\_\_\_\_\_ Other (Please Explain)

\_\_\_\_\_  
\_\_\_\_\_

### **Personal Data:**

**Check One:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Check One:** \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_ Two or More Races

**Check any that may apply:** \_\_\_\_\_ Vietnam Era Veteran  
\_\_\_\_\_ Disabled Veteran  
\_\_\_\_\_ Disabled Person

**If returning this form with the application, please return in a separate envelope to ensure privacy.**