

OFFICE OF THE SHERIFF ST. CLAIR COUNTY

48 6TH STREET, SUITE 300 ASHVILLE, ALABAMA 35953 205-594-2140 1610 COGSWELL AVENUE, SUITE 206 PELL CITY, ALABAMA 35125 205-884-6840

APPLICATION FOR EMPLOYMENT

Position Applied For _____

Date

St. Clair County considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, St. Clair County complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. St. Clair County also provides reasonable accommodation to individuals with a disability in accordance with applicable laws.

Full Name					
First	Middle		Last		
Address					
House or Apt #	Street	City	State	Zip Code	County
Telephone Number Home	/Cell () Area Code	Email Ac	ldress		
Date of Birth Day	Social Security No)	Dr	river's Licen	se
Check type of employmen	t desired: Full Time	_ Part Tim	ie	Tempora	ТУ
Check days available: Mor	a Tues Wed	Thurs	_ Fri S	Sat Sur	1
Hours available:	Wi	illing to work	overtime	? Yes]	No
Date available to start wor	k:				
Have you ever been emplo	oyed by St. Clair County?	Yes No			
If yes, when?		What po	osition?		
Is there anything that wou activities involved in the p					anner the
If yes, please explain:					
Have you ever been convid	cted of a crime? Yes	No			
If yes, state the nature of c	offense, when, where, and	disposition:			
A conviction record will not	necessarily be a bar to emplo	ovment. This i	nformatior	n will be used	only for job-related

purposes and only to the extent permitted by applicable law.

Federal laws require that employees hire only indivi In compliance with such laws, St Clair County will v All offers of employment are subject to verification of necessary for you to submit such documents as are a	erify the status of of the applicant's	every individu identity and en	al offered employment auth	oyment with the County. orization, and it will be
Do you have the legal right to work and ren	nain in the Un	ited States? Y	es No _	
Do you have any relatives that are employe	d by St. Clair C	County?	No	Name of Relative
Do you have any MILITARY QUALIFICAT special training that is relative to this positi				
	EDUCATIO	N		
High School Diploma or GED? Yes No	Hi	ighest Grade	of School Co	mpleted
High School Attended	Address			Phone Number
Provide information on all schools attended	l, undergradua	te or gradua	te work.	
Name and Address of School	Dates Attended	Credit Hours Ear	ned Graduate?	Type of Degree and Date
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PER	SONAL REFEI (Excluding Relativ			
Name and Address	Phone Nun	nber C	Occupation	Years Known
Name and Address	Phone Nun	nber C	ccupation	Years Known
Name and Address	Phone Nun	nber C	ccupation	Years Known

ADDITIONAL EDUCATION AND EXPERIENCE

Provide information on any specialized education, training or certificates that are applicable to the job for which you are applying:

License/ Certificate/ Specialization	License Number	Date Issued
License/ Certificate/ Specialization	License Number	Date Issued
License/ Certificate/ Specialization	License Number	Date Issued
License/ Certificate/ Specialization	License Number	Date Issued
License/ Certificate/ Specialization	License Number	Date Issued
License/ Certificate/ Specialization	License Number	Date Issued
License/ Certificate/ Specialization	License Number	Date Issued
License/ Certificate/ Specialization	License Number	Date Issued
License/ Certificate/ Specialization	License Number	Date Issued
License/ Certificate/ Specialization	License Number	Date Issued

Describe in detail any other experience you feel qualifies you for the position for which you are applying:

PRIOR WORK HISTORY

List in order with current or last employer first. Account for your entire employment history and for any gaps in your employment.

Current or Last Employer		Official Job Title
Employers Address		Phone Number
Name, Title and Phone Number of Supervisor		Dates From/ To Employed
Beginning Salary Ending Salary	Reason for Leaving	
Describe in detail the duties performed:		
Employer		Official Job Title
Employers Address		Phone Number
Name, Title and Phone Number of Supervisor		Dates From/ To Employed
Beginning Salary Ending Salary	Reason for Leaving	
Describe in detail the duties performed:		

PRIOR WORK HISTORY

Employer		Official Job Title
Employers Address		Phone Number
Name, Title and Phone Number of Supervisor		Dates From/ To Employed
Beginning Salary Ending Salary	Reason for Leaving	
Describe in detail the duties performed:		
Employer		Official Job Title
Employers Address		Phone Number
Name, Title and Phone Number of Supervisor		Dates From/ To Employed
Beginning Salary Ending Salary	Reason for Leaving	
Describe in detail the duties performed:		

PRE-EMPLOYMENT STATEMENT (PLEASE READ CAREFULLY BEFORE SIGNING BELOW)

I understand and voluntarily agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment or termination.

2. Any offer of employment I may receive from St. Clair County is contingent upon my successful completion of the County's total pre-employment screening process, including the receiving of satisfactory references, and my satisfactory completion of any post-job offer/pre-employment physical examination that the County may require.

3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand an agree that, if employed, I may be required to submit to alcohol or drug screening at any time when my employer determines that a reasonable cause exists.

4. In processing any application for employment, my employer may verify all the information provided by me or may procure or have prepared a background report for this purpose concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to my employer, I will be informed of whether a background report was requested and given full information as to the nature and scope of this investigation.

5. I authorize and request that all my present and former employers and those individuals I have listed as personal references furnish the information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of St. Clair County and understand that my employment with the County is voluntarily entered into, and I am free to resign at any time, with or without cause. Similarly, the County may terminate the employment relationship, so long as there is no violation of applicable law. I further understand that no representative of St. Clair County has the authority to enter into an employment agreement with me except elected or appointed officials of St. Clair County who have the authority to hire, employ, and dismiss employees according to the provisions of local law.

Signature

Date

It is the responsibility of the applicant to submit his or her completed application at <u>SOJOBS@stclairco.com</u> or in person to the Human Resources Clerk Payton Frederick, in the St Clair Co. Sheriff's Office by the deadline listed in this notice. If you wish further information, please visit or call. St Clair Co Sheriff's Office 1610 Cogswell Ave, Suite 206 Pell City, AL 35125 205-884-6840