



CULLMAN COUNTY COMMISSION APPLICATION FOR EMPLOYMENT

Revised 5/1/2023

Cullman County Commission is an equal opportunity employer. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, national origin, religion, age (40 or older), sex (including gender identity, sexual orientation, and pregnancy), genetic information or physical or mental disability (except where a reasonable, bona fide occupational qualification exists).

GENERAL INFORMATION (Please List Name As It Appears On Your Social Security Card)

Name (Last)	(First)	(Middle)	Primary Phone #
Address (Mailing Address)	(City)	(State)	(Zip) Other Phone #
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Desired
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Have Relatives Employed by the County? If Yes, List Names and Relationship) Date Available

EDUCATION

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, list the highest grade completed.</small>						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly/ Semester Hours	Other (Specify)			
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Driver's License Class <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C			Driver's License # / State	

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

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VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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CRIMINAL HISTORY (Have you ever been convicted of a crime or any other offense other than traffic citations) YES NO

If YES, please explain (listing convictions and dates) A YES response will not necessarily bar you from employment with the County
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WORK EXPERIENCE (Most recent first)

Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary (Voluntary)
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary (Voluntary)
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary (Voluntary)
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Employer	Telephone Number			From (Month/Year)
Address (Mailing)	(City)	(State)	(Zip)	To (Month/Year)
Job Title	Reason for Leaving			Hours Worked Per Week
Specific Job Duties				Last Salary (Voluntary)
				Supervisor
				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

If employed by the Cullman County Commission, I agree to review and abide by the Alabama Code of Ethics, Section 36-23-1 thru 20, Ala. Code 1975, as amended, and policies and procedures of the Cullman County Commission, which includes the Cullman County Commission's Anti-Harassment policy and Drug Policy. I further understand that while in a part-time, temporary or probationary status, my employment can be terminated, with or without cause or notice, at any time, at the discretion of the Cullman County Commission or myself.

If employed by the Cullman County Commission, I understand and agree that I may be required to take a pre-employment drug and alcohol screening test as well as periodic physical exams including drug and alcohol screening. I also consent to the release of the test results to the Cullman County Commission for its use, and I understand that any positive drug or alcohol result may preclude my employment. The Cullman County Commission may conduct a pre-employment background check, including, but not limited to, criminal, drivers' license, and reference checks.

By typing or signing my name in the following space, I certify the above statements to be true and correct, to the best of my knowledge, and I agree that this information can be used for the purpose of processing my employment application and information.

Signature of Applicant _____ **Date** _____