



Lauderdale County Emergency Management Communication District

Today's Date: _____

Position Wanted: _____

Application for Employment (ANSWER ALL QUESTIONS AND PLEASE PRINT CLEARLY)

Full-Time _____
Part-Time _____

Name: _____ Social Security Number: _____

Address: _____ Phone Number: _____

Education and Training

Type	Years Attended	Graduate?	School Name & Location	Course/Degree
High School		Y or N		
College		Y or N		
Vocational		Y or N		

(Additional Education and Training may be listed on the next page)

Have you ever been convicted of a felony? Yes ___ No ___ If yes, explain: _____

(Such record may be relevant if job related, but does not bar you from employment)

Are you a citizen of the U.S. or a registered alien authorized to work in the U.S.? _____ Are you over 19 years old? _____

Are you presently employed? _____ If "yes", may we contact your employer? _____

List three references (not relatives or supervisors) with address and phone number.

1. _____
2. _____
3. _____

Employment Record

Current or Last Employer: _____ Phone Number: _____
 Address: _____ Type of Business: _____
 Name & Title of Supervisor: _____ Your Job Title: _____
 Duties & Responsibilities: _____
 Reason for Leaving: _____ Dates of Employment _____ to _____

Previous Employer: _____ Phone Number: _____
 Address: _____ Type of Business: _____
 Name & Title of Supervisor: _____ Your Job Title: _____
 Duties & Responsibilities: _____
 Reason for Leaving: _____ Dates of Employment _____ to _____

Previous Employer: _____ Phone Number: _____
 Address: _____ Type of Business: _____
 Name & Title of Supervisor: _____ Your Job Title: _____
 Duties & Responsibilities: _____
 Reason for Leaving: _____ Dates of Employment _____ to _____

Previous Employer: _____ Phone Number: _____
 Address: _____ Type of Business: _____
 Name & Title of Supervisor: _____ Your Job Title: _____
 Duties & Responsibilities: _____
 Reason for Leaving: _____ Dates of Employment _____ to _____



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An Equal Opportunity Employer

Any additional experience related to position applying for: _____

Special Skills/Certifications: _____

(Include a copy of the certificate or verification of training where applicable)

Please explain any gaps in employment: _____

Additional Comments or Information you would like to have considered:

Read Carefully and Sign

I solemnly declare and affirm that all answers and statements in this application are wholly true, full and correct in every particular and detail and I further authorize the Lauderdale County Emergency Management Communication District to investigate and verify all statements listed above. I understand that a background check will be performed and fingerprinting will be necessary. I agree to abide by and comply with all laws of the State of Alabama, and the Rules and Regulations, Working Conditions, Policies and Procedures established by the Lauderdale County Emergency Management Communication District by which I am employed.

I understand that misrepresentations as to preexisting physical or mental conditions may void my workers' compensation benefits. I also understand that if I suffer an on-the-job injury, I may be required to submit to a drug or alcohol test. Failure to submit to a test, or a positive result, may be reason for denial of workers' compensation.

I verify that I have read the job duties and qualifications of the position for which I am applying and that I meet all the qualifications required by the position, including holding any certification or license necessary for the performance of the essential job functions, and that I am able to perform all the essential functions of the position with, or without accommodations. I understand that I must be a resident of Lauderdale County, Alabama and have provided a voter's registration card to verify this requirement.

Applicant's Signature

Date

Lauderdale County Emergency Management Communication District encourages all candidates to make known any accommodations needed during the process of making application for a position with LEMCD, whether it be making available materials in larger print, furnishing someone to help fill out an application or read a job description, or other accommodations. In order for us to make arrangements for some accommodations, such as a qualified sign interpreter, we request 48-hour notice in order to best serve these needs.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

Referral Source:

Advertisement _____ Employee _____ Relative _____ Walk-In _____ School _____ State
Employment Agency _____ Private Employment Agency _____ Other _____

Name of source (if applicable) _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not part of your official application for employment. It is considered confidential information that will *not* be used in any hiring decision.

Male _____ Female _____
Hispanic _____ Black _____ White _____ American Indian/Alaskan Native _____ Asian/Pacific Islander _____
Check if any of the following are applicable:
Vietnam Era Veteran _____ Disabled Veteran _____ Individual with Disability _____