CHAMBERS COUNTY HIGHWAY DEPARTMENT

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNARIE AN EQUAL OPPORTUNITY EMPLOYER

DATE:_____

ENTER SOCIAL SECURITY NUMBER HERE

PERSONAL INFORMATION:

FULL NAME:_____ SSN:_____

FIRST MIDDLE LAST

ADDRESS:_____ PHONE:_____

HOUSE/APARTMENT NUMBER STREET

_____ EMAIL: _____

CITY STATE ZIPCODE

LICENSES & CERTIFICATIONS

Current & Valid driver's license? [ ] Yes [ ] No License Number:_____

Commercial driver's license? [ ]Yes [ ] No If yes, which class is it? A [ ] B [ ]

List any additional licenses held, such as registered professional engineer, registered land surveyor, pesticide use and application license, CDL endorsements, or other:

_____

EMPLOYMENT DESRIED:

Position:_____ Date You Can Start:_____ Salary Desired:_____ Are you Employed now?_____

EDUCATION:

High School Graduate or GED? [ ] Yes [ ] No If No, circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

Name and Location of High School Attended:	FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	DID YOU GRADUATE?	DATE OF GRADIATION

Name and Location of College(s)Attended:	FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	DID YOU GRADUATE?	DATE OF GRADIATION	AREA OF STUDY:

Name & Location of Business, Correspondence /Vocational Schools Attended:	FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	DID YOU GRADUATE?	DATE OF GRADIATION	AREA OF STUDY:

WORK HISTORY:

Current or Last Employer					Your Position	
Address					Type of Business	
From Mo./Yr.	To Mo./Yr.	Total Months	If Part-time, number of hours per week_____	Beginning Salary: $_____per_____	Ending Salary: $_____per_____	May we contact Employer? [ ] Yes [ ] No
Equipment You Operated					Reason for Leaving	

Name, Title and Phone Number of Supervisor:_____

Describe Your Duties:_____

FORMER EMPLOYERS:

DATE MONTH AND YEAR	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES:

List three reliable person, not a relative or current employer, who know you well enough to give information about you .

Name	Address and Phone Number	Employer

PHYSICAL RECORD:

Do You have any physical limitations that preclude you from performing any work for which you are being considered? [ ] Yes [ ] No

If Yes, what can be done to accommodate your limitation (s)?_____

Please describe:_____

IN CASE OF EMERGENCY NOTIFY:_____

Name Address Phone Number

CERTIFICATE:

"I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I further authorize the release of all relevant prior employment, military service and criminal records, and release all parties from all liability for any damage that may result from furnishing same to you."

Signature:_____ Date:_____

You may return this application directly to our office at *18107 US Highway 431 North, Lafayette, AL, 36862* , by email to *amy.edmondson@chamberscountyal.gov* or by mail to *PO BOX 650, Lafayette, AL 36862*