



Alabama Sheriffs Youth Ranches

P.O. Box 240009 • Montgomery, AL 36124-0009
334/213-2071 • Fax: 334/213-1195

Application for Employment

Your interest in our organization is appreciated. We comply with state and federal laws regarding equal employment opportunities. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, handicap or age.

Applications are kept on file for six (6) months. If you have not been hired within six (6) months of the date of your application, you must re-file if you are to be considered for future employment opportunities.

Personal Information (please print)

Name (Last, First, Middle) _____ Social Security Number _____ Telephone _____

Address _____ City _____ State _____ Zip _____ Date of Birth _____

Have you ever been known by any other name? Yes _____ No _____ Email _____

If yes, what is the name? _____ Dates known by this name _____ to _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, describe in full _____

Are you a citizen of the United States? Yes _____ No _____

If not, give Alien Registration Number _____

Are you over age 18? Yes _____ No _____ If no, do you have a work permit? Yes _____ No _____

Referral Source: Advertisement _____ Friend _____ Relative _____ Web Site _____ Other _____

Do any of your friends or relatives work here? Yes _____ No _____

If yes, list name(s) _____

Have you filed an application here before? Yes _____ No _____ Date _____

Have you ever been employed here before? Yes _____ No _____ Date _____

Position applied for _____

Status desired: Full-time _____ Part-time _____ Other (Temporary/Seasonal) _____

Date available: _____

List any skills, qualifications, courses or training you have that relate to the position for which you are applying: _____

Are you presently a member of the Military Reserve or National Guard? Yes _____ No _____

List Professional, Trade, Business or Civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin): _____

Present and Past Employment, Beginning with Your Most Recent:

1. _____
Name and Address of Company and Type of Business

From _____ To _____ Describe the work you did: _____

Weekly/Annual starting salary _____ Weekly/Annual last salary _____

Reason for leaving _____

Name of Supervisor _____ Phone # _____

2. _____
Name and Address of Company and Type of Business

From _____ To _____ Describe the work you did: _____

Weekly/Annual starting salary _____ Weekly/Annual last salary _____

Reason for leaving _____

Name of Supervisor _____ Phone # _____

3. _____
Name and Address of Company and Type of Business

From _____ To _____ Describe the work you did: _____

Weekly/Annual starting salary _____ Weekly/Annual last salary _____

Reason for leaving _____

Name of Supervisor _____ Phone # _____

May we contact the employers listed above? Yes _____ No _____

If not, indicate which one(s) you do not wish us to contact and state the reason why not: _____

Have you ever been bonded? Yes _____ No _____

If yes, where _____

Summarize special skills and qualifications acquired from employment or other experience: _____

What office or business machines have you operated? _____

If applying for, or willing to accept a clerical position: what is your typing speed? _____

Do you take shorthand? Yes _____ No _____ If so, what is your speed? _____

Give name, address and phone number of three references, not related to you:

Health History

If required for the position for which you are applying, will you consent to periodic physical examinations and blood or urine analysis at company expense? (Note: This analysis may test for controlled substances) Yes _____ No _____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes _____ No _____

If yes, please explain _____

When is the last time you missed a week of work or school due to illness or injury? _____

What was the nature of the illness or injury? _____

How much time have you lost from work or school through illness or injury in the past two (2) years? _____

What was the nature of the illness or injury? _____

Names and addresses of doctors: _____

May we contact them? Yes _____ No _____

When is the last time you missed a week of work or school for a reason other than illness or injury? _____

What was the reason? _____

Are you available to work: Full-time _____ Part-time _____ Shift work _____ Overtime _____

If there are any hours you are unwilling to work, what are they? _____

Are you on lay-off and subject to recall? Yes _____ No _____

Can you travel if a job requires it? Yes _____ No _____

Driving Record (Complete this section only if you are applying for a position which requires the operation of a motor vehicle)

Do you presently have a valid driver's license? Yes _____ No _____

If yes, list the following driver's license information:

State: _____ Number: _____ Type: _____

Expiration date: _____

Have you had a driving violation within the past five (5) years? Yes _____ No _____

If yes, describe _____

Record of Education

School	Name and Address of School	Course of Study
High _____	_____	_____
_____	_____	_____

Check last year completed 1 2 3 4 Did you graduate? Yes _____ No _____

List Diploma or Degree _____

College	Name and Address of School	Course of Study
_____	_____	_____
_____	_____	_____

Check last year completed 1 2 3 4 Did you graduate? Yes _____ No _____

List Diploma or Degree _____

Other (Specify) _____

Check last year completed 1 2 3 4 Did you graduate? Yes _____ No _____

List Diploma or Degree _____
Describe Specialized Training, Apprenticeship, Skills and Extracurricular Activities: _____

Are you a veteran of the U. S. Military Service? Yes _____ No _____

If yes, what branch of U. S. Military Service? _____

I attest that the information listed above is true and correct to the best of my knowledge.

I understand that a secondary step in the application process is the satisfactory outcome of the mandatory criminal background check required by the State Department of Human Resources.

Signed _____

Date _____