Job Title:

# STATE OF ALABAMA JOB APPLICATION—FORM 30

NAME OF EMPLOYEE — FIRST | MI | LAST

| Date of Birth | Month | Day | Year | Sex | Race |
|---|---|---|---|---|---|
| | | | | 1. ☐ Male<br>2. ☐ Female | 1. ☐ American Indian/Alaska Native 2. ☐ Asian<br>3. ☐ Black/African American 4. ☐ Hispanic/Latino<br>5. ☐ Middle Eastern/North African 6. ☐ Native Hawaiian/Pacific Islander<br>7. ☐ White 8. ☐ Do Not Wish to Respond |

Address _____
House or Apt. No. Street

_____
City County State Zip Code

Contact: Cell/Home Phone _____ Email _____

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 ☐

| Schools Attended: Business, Vocational, College or University<br>Name Address | From (Mo.) (Yr.) | To (Mo.) (Yr.) | Did you Graduate? | Major | Type of Degree and Date |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**WORK EXPERIENCE**

**List in REVERSE ORDER any work experience relevant to this position. Describe in detail your specific duties. Attach additional sheets if needed.**

**1.** Current or Last Employer | Your Official Job Title

Address | Type of Business

| FROM Month Year | TO Month Year | 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

Number/Title of Employees You Supervised

Describe Your Duties In Detail

**2.** Employer | Your Official Job Title

Address | Type of Business

| FROM Month Year | TO Month Year | 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

Number/Title of Employees You Supervised

Describe Your Duties In Detail

I certify that all statements made hereon and attached hereto are true and correct to the best of my knowledge. I understand that any false statements may cause me to be refused the opportunity of examination, to be removed from an eligible register, or terminated from employment. I further authorize the release of all relevant prior employment, military service and criminal records. If employed I agree, consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for any overtime hours worked.

Date: _____ Signed: _____