|  |  |
| --- | --- |
| LogoFNL | **Community Service Programs of West Alabama, Inc.**human resources601 black bears way, tuscaloosa, alabama 35401-4807 |
| telephone (205) 752-5429 | facsimile (205) 469-0062 |
| Cynthia W. BurtonExecutive Director |

|  |
| --- |
| APPLICATION FOR EMPLOYMENT |

Community Service Programs of West Alabama, Inc., is committed to a policy of equal employment opportunity for all persons regardless of race, color, religion, age, gender, marital status, sexual orientation, national origin, ancestry, genetic information, disability, veteran status or military history. All applications are considered on this basis.

*An application is accepted only for a specific open position and will remain on file only until that position is filled.*

Last Name: First Name:

Preferred Phone Number: Email:

Mailing Address:

City: State: Zip:

Specific Position Applying for: Date you can start:

Have you worked for CSP in the past? If so, when?

If so, what position did you hold?

Are you related to anyone in our employment, on our Board of Directors, Policy Council or current staff? If so, state name and department:

Do you have a valid driver’s license? [ ] Yes [ ] No What State? License Number: \_\_\_\_\_\_\_\_\_

CDL Certified? [ ] Yes [ ] No What State? What class? Endorsement?

Do you have a serviceable automobile? [ ] Yes [ ] No Liability insurance? [ ] Yes [ ] No

If employed, can you furnish proof of liability insurance? [ ] Yes [ ] No

**CRIMINAL HISTORY**

Have you ever been convicted of a felony; a misdemeanor involving any violent act, use or possession of a weapon; an act of dishonesty; or of any sex-related or child-abuse related offense for which the record has not been sealed or expunged? [ ]  Yes [ ]  No

*Note: Conviction will not automatically disqualify job applicants. Job applicants may be required to obtain a positive Suitability Statement based on submission of an ABI/FBI application and/or Clearance from the Child Abuse Neglect Central Registry of the Alabama Department of Human Resources.*

## EDUCATION

Indicate the highest grade level you have completed?

K – 12 Year Graduated Diploma GED

College? [ ] Yes [ ] No If so, name of School/Institution:

No. of Years Completed: Degree Earned:

In what field?

Do you have certifications, licenses, or degrees from any other institutions? [ ] Yes [ ] No

If so, what type and from where?

## EMPLOYMENT HISTORY (COMPLETE FOR PAST 10 YEARS – USE ADDITIONAL EMPLOYMENT HISTORY PAGES, IF NEEDED)

Starting Date: Ending Date:

Name of Employer:

Mailing Address:

City: State: Zip:

Phone Number: Name of Supervisor:

Position: Reason for Leaving:

Beginning Salary: Ending Salary:

May we contact your employer about the information you provided? [ ]  YES [ ] NO

Starting Date: Ending Date:

Name of Employer:

Mailing Address:

City: State: Zip:

Phone Number: Name of Supervisor:

Position: Reason for Leaving:

Beginning Salary: Ending Salary:

May we contact your employer about the information you provided? [ ]  YES [ ] NO

Starting Date: Ending Date:

Name of Employer:

Mailing Address:

City: State: Zip:

Phone Number: Name of Supervisor:

Position: Reason for Leaving:

Beginning Salary: Ending Salary:

May we contact your employer about the information you provided? [ ]  YES [ ] NO

**REFERENCES** (List three unrelated persons who have known you at least three years*)*

Name:

Mailing Address:

City: State: Zip:

Phone Number: Relationship:

Name:

Mailing Address:

City: State: Zip:

Phone Number: Relationship:

Name:

Mailing Address:

City: State: Zip:

Phone Number: Relationship:

## RELEASE

In connection with my application for employment, I understand that Community Service Programs of West Alabama, Inc., or its agents may conduct background investigations on me. I further understand that any offer of employment may be conditioned on the results of pre-employment screening tests, including, but not limited to, physical exam, drug test, criminal history check or suitability determination, driving record, consumer credit reports, job and personal reference reports, education reports, and worker’s compensation reports. I also understand that this information will be requested from various public and private agencies, former employers and other entities, which may have knowledge of my background including claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Community Service Programs of West Alabama, Inc., or its agents to furnish any of the above mentioned or related information to them. I agree to hold harmless Community Service Programs of West Alabama, Inc., its agents or individuals or agencies furnishing information for the pre-employment use of such information.

I understand that Community Service Programs of West Alabama, Inc., has a policy of a drug and alcohol free workplace and that I may be required to submit to a drug/alcohol screening in the following situations: (1) prior to employment, (2) as part of the agency’s random screening program, (3) following an accident, and (4) when a reasonable suspicion exists that I am using or in the possession of drugs or alcohol while on agency property or in agency vehicles. I further understand that failure to comply with this policy, or submit to a required drug/ alcohol screening in any of the above-mentioned situations is grounds for termination.

I acknowledge that no offer or promise of employment has been made, and that any future offer of employment will be “at-will”.

I hereby certify that all information contained in this application is correct and understand that misleading or incorrect information may render the application void, and, if discovered after an offer of employment or at any time during employment, will be grounds for immediate termination. I further certify that I am lawfully entitled to be employed in the United States of America.

Signature of Applicant: Date:

## ADDITIONAL EMPLOYMENT HISTORY

Starting Date: Ending Date:

Name of Employer:

Mailing Address:

City: State: Zip:

Phone Number: Name of Supervisor:

Position: Reason for Leaving:

Beginning Salary: Ending Salary:

May we contact your employer about the information you provided? [ ]  YES [ ] NO

Starting Date: Ending Date:

Name of Employer:

Mailing Address:

City: State: Zip:

Phone Number: Name of Supervisor:

Position: Reason for Leaving:

Beginning Salary: Ending Salary:

May we contact your employer about the information you provided? [ ]  YES [ ] NO

Starting Date: Ending Date:

Name of Employer:

Mailing Address:

City: State: Zip:

Phone Number: Name of Supervisor:

Position: Reason for Leaving:

Beginning Salary: Ending Salary:

May we contact your employer about the information you provided? [ ]  YES [ ] NO

**APPLICANT DEMOGRAPHIC REPORTING CARD**

The following information is needed by the agency for EEOC reporting purposes. The information below is strictly voluntary. Your assistance in our reporting efforts is appreciated.

**Ethnicity/Race: (please check all that apply to you)**

Asian/Pacific Islander \_\_\_\_\_\_\_\_

Black/Non-Hispanic \_\_\_\_\_\_\_\_

Hispanic Origin \_\_\_\_\_\_\_\_

Native American/Alaskan \_\_\_\_\_\_\_\_

White/Non-Hispanic \_\_\_\_\_\_\_\_

Other (please specify) \_\_\_\_\_\_\_\_

**Gender:**

 Male \_\_\_\_\_\_\_\_

 Female \_\_\_\_\_\_\_\_

**Age: (please check the appropriate category)**

 16-18 [ ]

 19-24 [ ]

 25-30 [ ]

 31-34 [ ]

 35-39 [ ]

 40-44 [ ]

 45-49 [ ]

 50-54 [ ]

 55-59 [ ]

 60-64 [ ]

 65-69 [ ]

 70-74 [ ]

 75+ [ ]