STATE OF ALABAMA JOB APPLICATION—FORM 30

NAME OF EMPLOYEE | FIRST | MI | LAST

Date of Birth	Month	Day	Year	Sex	Race
				1. ( ) Male 2. ( ) Female	1. ( ) American Indian/Alaska Native 2. ( ) Asian 3. ( ) Black/African American 4. ( ) Hispanic/Latino 5. ( ) Middle Eastern/North African 6. ( ) Native Hawaiian/Pacific Islander 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 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	FROM Year	TO Month	TO 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	FROM Year	TO Month	TO 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: _____