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| **A purple logo with text  AI-generated content may be incorrect.** | **Community Service Programs of West Alabama, Inc.**  human resources  601 black bears way, tuscaloosa, alabama 35401-4807 | |
| telephone (205) 752-5429 | facsimile (205) 460-8015 |
| Cynthia W. Burton Executive Director | |

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| 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.*

**\* Applications are only accepted for open positions and will remain on file only until position is filled. \***

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| **Office Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Date Hired:* | | |  | | | | | | | | *Position Hired for:* | | | | | | | |  | | | | | | | | |
| *Date of Birth:* | | | | |  | | | | | | | | | |  | | | |  | | | | | | | | |
| Date of Application: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | |  | | | | | | | | | | | | First Name: | | | | | |  | | | | |
| Middle: | | |  | | | | | | | | | | | | | | Maiden: | | |  | | | | | | | |
| Telephone Number: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | State: | | |  | | | | | | | Zip: | |  | |
| Specific Position(s) Applying for: | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Specific Job Location(s): | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| How did you hear about this opportunity? | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| If hired, when can you start? | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Have you worked for CSP in the past? | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| If so, when? | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| If so, what position did you hold? | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Are you related to any current staff, Board members, or Policy Council members? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
| If so, list the individual(s) name and department: | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Do you have a valid driver’s license? | | | | | | | | | | | | | Yes  No | | | | | | | | | If so, what State? | | | | |  |
| When does your license expire? | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| CDL Certified? | | | | | | Yes  No | | | | | | What class? | | | | | |  | | | Endorsement? | | | |  | | |

**CRIMINAL HISTORY**

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| * In accordance with Alabama law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), the criminal history background information check shall be completed on each substitute, caregiver, volunteer, and domestic worker, as well as any other person who has contact with the children or unsupervised access to the children shall be reviewed. | |
| * A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-DFC-1598) shall be obtained for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with the children or unsupervised access to the children. | |
| Are there any current criminal charges against you?  Yes  No | If yes, give details: |
|  | |
| 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 will 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

## *\*please attach a copy of your diploma, degree, certificate, and/or unofficial transcripts, if applicable*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a High School Diploma or GED? | | | | Yes  No | | | | If so, year graduated: |  |
| If so, school attended? | |  | | | | | | | |
| Do you have any certifications or professional licenses? | | | | | Yes  No | | | | |
| If so, what kind? |  | | | | | | | | |
| Are you currently enrolled in a degree or certification program? | | | | | | | Yes  No | | |
| If so, list the major/program: | | |  | | | | | | |
| Have you graduated or completed a college degree program? | | | | | | Yes  No | | | |
| If so, list information for each completed program below: | | | | | | | | | |

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| Graduation Date: | | | |  | | | | | | | |
| Name of Institution: | | | | |  | | | | | | |
| City: |  | | | | | | | State: | |  | |
| Major/Program: | | |  | | | | | | | | |
| Degree: | | Associate | | | | Bachelor | Master | | Other: | |  |

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| Graduation Date: | | | |  | | | | | | | |
| Name of Institution: | | | | |  | | | | | | |
| City: |  | | | | | | | State: | |  | |
| Major/Program: | | |  | | | | | | | | |
| Degree: | | Associate | | | | Bachelor | Master | | Other: | |  |

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| Graduation Date: | | | |  | | | | | | | |
| Name of Institution: | | | | |  | | | | | | |
| City: |  | | | | | | | State: | |  | |
| Major/Program: | | |  | | | | | | | | |
| Degree: | | Associate | | | | Bachelor | Master | | Other: | |  |

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| Graduation Date: | | | |  | | | | | | | |
| Name of Institution: | | | | |  | | | | | | |
| City: |  | | | | | | | State: | |  | |
| Major/Program: | | |  | | | | | | | | |
| Degree: | | Associate | | | | Bachelor | Master | | Other: | |  |

## EMPLOYMENT HISTORY

## \**List most recent first, and attach resume as well, if available.*

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| 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 | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | |

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| 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 | | |

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| 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 | | |

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| 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 | | |

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| 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 (3) persons who are not related to you by blood, marriage, or adoption to be contacted as references. At least one (1) must be a former employer. Addresses must be complete and accurate.*

*Former Employer*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | |  | | | | First Name: |  | | |
| Middle: | |  | | | | | | | | |
| Mailing Address: | | | |  | | | | | | |
| City: |  | | | | | State: |  | | Zip: |  |
| Telephone Number: | | | | |  | | | | | |

*Other*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | |  | | | | First Name: |  | | |
| Middle: | |  | | | | | | | | |
| Mailing Address: | | | |  | | | | | | |
| City: |  | | | | | State: |  | | Zip: |  |
| Telephone Number: | | | | |  | | | | | |

## 

*Other*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | |  | | | | First Name: |  | | |
| Middle: | |  | | | | | | | | |
| Mailing Address: | | | |  | | | | | | |
| City: |  | | | | | State: |  | | Zip: |  |
| Telephone Number: | | | | |  | | | | | |

## 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: