# APPLICATION FOR EXAMINATION

**ANNISTON CIVIL SERVICE BOARD**
**P.O. Box 2168**
**ANNISTON, AL 36202**

(COMPLETE IN INK OR ON TYPEWRITER)

INSTRUCTIONS: Applications must be received by the Civil Service Board or postmarked on or before the closing date indicated on the announcement. A separate application is required for each examination. ALL BLANKS MUST BE FILLED IN WITH TYPEWRITER OR WITH INK.

**DO NOT WRITE IN THIS SPACE**

| Date Received | Grade | Rank |
|---|---|---|
| | Certified | Appointed |

1. Job Applying For

USE TITLE ON JOB ANNOUNCEMENT

2. Your Name

(PRINT) LAST NAME FIRST MIDDLE

3. Address

NO. AND STREET, RD OR P.O. BOX APT. NO.

CITY STATE ZIP CODE

4. How long have you lived at this address?

5. Your telephone number

HOME WORK

6. Date of Birth Social Security Number

7. Have you ever been convicted of any offense other than a minor traffic violation?

Yes ☐ No ☐

Conviction is not necessarily disqualifying. Give the facts and dates of your conviction(s) in Space 8.

8. Use this space to explain any items in Spaces 1-7.

****YOU ARE REQUIRED TO COMPLETE APPLICATION, FRONT AND BACK, WHETHER YOU SUBMIT A RESUME OR NOT.**

9. EDUCATION

A. Did you graduate from high school?

| YES | MONTH YEAR | NO | HIGHEST GRADE COMPLETED |
|---|---|---|---|
| | | | |

B. If you have a high school equivalency certificate, give the year and place the certificate was granted:

| YEAR | PLACE |
|---|---|
| | |

C. Give last high school, grade school, or trade school you attended:

| NAME OF SCHOOL | LOCATION | DATES ATTENDED | COURSE |
|---|---|---|---|
| | | | |

D. List any colleges, business schools, or technical schools you attended:

| NAME OF SCHOOL | LOCATION | COURSE OR MAJOR | DATES ATTENDED | DEGREE OR CERTIFICATE RECEIVED |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

E. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, certificate (if any), dates attended, subject of training, number of hours weekly, and other details related to the job for which you are applying.

NOTE: Aliens must show an Alien Registration Receipt Card (Form I-151), or Form I-94 endorsed to permit employment.

(SEE REVERSE SIDE)

10. EXPERIENCE. Start with your present or last job and work back listing all paid or unpaid, full or part-time work, military service, and summer jobs performed during the last 10 years. Use additional sheets of plain paper if you need more space. Work performed more than 10 years ago may be given if it applies to the job you want.

Is it O.K. if we contact your present employer? Yes ☐ No ☐

(NOTE: We may contact any previous supervisor to verify your past duties.)

| STARTING DATE MONTH YEAR | ENDING DATE MONTH YEAR | NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER | |
|---|---|---|---|
| SALARY | | HOURS PER WEEK | NAME, TITLE, AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR |
| REASONS FOR LEAVING | | | |

Your present or last job title: _____

Your duties:

| STARTING DATE MONTH YEAR | ENDING DATE MONTH YEAR | NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER | |
|---|---|---|---|
| SALARY | | HOURS PER WEEK | NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR |
| REASONS FOR LEAVING | | | |

Your job title: _____

Your duties:

| STARTING DATE MONTH YEAR | ENDING DATE MONTH YEAR | NAME AND ADDRESS OF EMPLOYER | |
|---|---|---|---|
| SALARY | | HOURS PER WEEK | NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR |
| REASONS FOR LEAVING | | | |

Your job title: _____

Your duties:

| STARTING DATE MONTH YEAR | ENDING DATE MONTH YEAR | NAME AND ADDRESS OF EMPLOYER | |
|---|---|---|---|
| SALARY | | HOURS PER WEEK | NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR |
| REASONS FOR LEAVING | | | |

Your job title: _____

Your duties:

11. SPECIAL SKILLS OR ABILITIES. Show licenses (including *driver's*); machines you operate; languages other than English which you speak, read and write well; typing and shorthand speeds; and any other special abilities or knowledges relating to the job you want.

CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed.

_____ DATE

_____ SIGNATURE OF APPLICANT

## COMPLIANCE INFORMATION

**The following information is needed for compliance with governmental selection requirements and for EEO reports. It will be detached when your application is filed and the information on it will not be considered in the employment process.**

1. **Your Name** _____
2. **Job Applied For** _____
3. **Sex (Please Check)** **Male** ☐ **Female** ☐
4. **Describe yourself in terms of one of the following groups. (Check one)**

☐ A. **American Indian**
☐ B. **Black/AfroAmerican**
☐ C. **White/Caucasian**
☐ D. **Hispanic/Spanish Surnamed**
☐ E. **Oriental/Asian American**
☐ F. **Other:** _____
**Please specify**

**Date:** _____

Are you presently a Civil Service employee of the City of Anniston? _____

What department? _____

Have you been a Civil Service employee of the City of Anniston in the past? _____

Reason for termination of employment? _____