APPLICATION FOR EXAMINATION

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

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.

	(COMPLETÉ IN INK OR ON TYPEWRIT	DO NOT WRITE IN THIS SPACE					
1.	Job Applying For				Date Received	Grade	Rank
				ı	110001100		
	USE TITLE ON JOB ANNOUNCEMENT					Certified	Appointed
2.	Your Name			ľ		Certified	Appointed
				ļ			
(P	RINT) LAST NAME FIRST		MIDDLE				
3.	Address				4. How long hav	e you lived at this	s address?
				I			
	NO. AND STREET, RD OR P.O. BOX		APT. NO.				
					5. Your telephor	ne number	
				1			
	CITY STATE		ZIP CODE		HOME		ORK
6.	Date of Birth Social Security Number	7. Have	ou ever been conv	victed of a	any offense other	than a minor traf	fic violation?
		Yes	No		ion is not necessa		
					e facts and dates o	of your conviction	n(s) in
8.	Lies this space to explain any items in Concest 7		4	Space 8).		
٥.	Use this space to explain any items in Spaces 1-7.						
	**YOU ARE REQUIRED TO COMPLETE APPLICA	ATION, FRO	ONT AND BACK	. WHET	HER YOU SUBM	MIT A RESUME	OR NOT.
				.,			
9.	EDUCATION		D 1/2				
	A. Did you graduate from high school?		B. If you have a place the certi	nigh sch ificate wa	ool equivalency c s granted:	ertificate, give th	ne year and
F	YES MONTH YEAR NO HIGHEST GRADE COMPLET	red	YEAR		PLAC	E	

YES	MONTH YE	AR	NO	HIGHEST GRADE COMPLETED		YEAR	PLACE	
C.				ool, or trade school you attend				
	NAM	E OF SCHOOL	L	L	OCATION		ATES ATTENDED	COURSE
D.	List any college	s, business	scho	ols, or technical schools you a	attended:			
	NAI	ME OF SCHOO	DL	LOC	CATION	COURSE OR MAJOR	DATES ATTENDED	DEGREE OR CERTIFICATE

NAME OF SCHOOL	LOCATION	COURSE OR MAJOR	DATES ATTENDED	RECEIVED
				<u> </u>
	1			
	<u> </u>			
				

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.

ious performe	d during the last 10	0 vears. Use additic	and wor	k back ets of pl	listing <u>all</u> pa ain paper if y	id or unpaid you need mo	d, full or part-time work, military service, and summer or space. Work performed more than 10 years ago may
·-	pplies to the job yo		Yes	No		(NOTE:	We may contact any previous supervisor to verify your
Is it O.K. if we	CONTROL YOUR PRES	NAME AND ADDRESS	OF BBESE	NT OP LA	ST EMPLOYER		past duties.)
MONTH YEAR	MONTH YEAR	NAME AND ADDRESS	Or PRESE	NI ON LA	SIEMPLOTEN		
SALARY		HOURS PER WEEK	NAME. TI	TLE, AND	PHONE NUMBE	R OF YOUR IM	MEDIATE SUPERVISOR
REASONS FOR LEAVIN	G			·			
Your present or las	et ioh title:						
Your duties:	st job iitie			· · · · · · · · · · · · · · · · · · ·			
· -							
			_				
STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND ADDRESS	OF NEXT F	PREVIOUS	EMPLOYER		
SALARY		HOURS PER WEEK	NAME AN	ID TITLE	OF YOUR IMMED	NATE SUPERVI	SOR
REASONS FOR LEAVIN	6	<u> </u>	İ		** *		
HEADONS / OIL EE/VIII				·			
Your job title:						.,	
Your duties:							
STARTING DATE	ENDING DATE MONTH YEAR	NAME AND ADDRESS	OF EMPLO	YER			
SALARY		HOURS PER WEEK	NAME A	ND TITLE	OF YOUR IMME	DIATE SUPERVI	SOR
REASONS FOR LEAVIN	G						
Your job title:			-				
Your duties:							
STARTING DATE	ENDING DATE	NAME AND ADDRESS	OE EMBI O	VER		· · · · · · · · · · · · · · · · · · ·	
MONTH YEAR	MONTH YEAR	NAME AND ADDRESS	Or Emireo	· · · · · ·			
SALARY		HOURS PER WEEK	NAME AN	ND TITLE	OF YOUR IMMED	DIATE SUPERVI	SOR
REASONS FOR LEAVIN	G	<u> </u>	1				
Marin tab Atala							
Your job title: Your duties:							
11. SPECIAL SKI and write wel	LLS OR ABILITIES	S. Show licenses (hand speeds; and a	including	g <i>driver</i> r specia	's); machines Il abilities or	you operat knowledges	e; languages other than English which you speak, read relating to the job you want.
CERTIFICATION:	I certify that all	statements made or	n or in c	onnectio	on with this	application a	are true, complete, and correct to the best of my know-
l ledge and belief, a	ind are made in go	ood faith. I understa t in my dismissal if c	and that	incomp	ilete, false, oi	r inaccurate	information may result in the rejection of this application
	DATE					SIGNATUR	RE 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			
4.	Describe yourself in terms of one of the following g	roups. (Check one)		
	A. American Indian		D.	Hispanic/Spanish Surnamed
	☐ B. Black/AfroAmerican		E.	Oriental/Asian American
	C. White/Caucasiah		F.	
Are '	you presently a Civil Service employee of the iston?	City of		Please specify
	t department?e you been a Civil Service employee of the			
٩nni	ston in the past?			
200	son for termination of employment?			