## **APPLICATION FOR EXAMINATION**

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

INSTRUCTIONS: Applications must be received by the Civil Service Board. A separate application is required for each examination. ALL BLANKS MUST BE FILLED IN WITH INK OR TYPED.

subject of training, number of hours weekly, and other details related to the job for which you are applying.

(COMPLETE IN INK OR ON TYPEWRITER)										
1. Job A	pplying For		Email A	Email Address						
USE TITLE ON JOB	ANNOUNTMENT									
2. Your Name										
(PRINT)	LAST NAME		FIRST			MIDDLE				
3. Address								4. How long have you lived at this address?		
NO. AND STREET NAME AND P.O. BOX (If Applicable)  APT. NO.										
							5. Telephor	5. Telephone Number		
CITY STATE						ZIP CODE				
6. Date of Birth Social Security Number				mber	7. Have	7. Have you ever been convicted of any offense other than a minor traffic violation?				
Yes No							riction is not nece the facts and date		lifying. nviction(s) in Space 6.	
8. Use this space	to explain any it	ems in Sp	paces 1-7.					<del></del>		
•	, ,									
**YO	U ARE REQUII	RED TO	COMPLETE APP	LICATION, F	RONT AN	ND BACK, WHE	THER YOU SUE	MIT A RES	SUME OR NOT.**	
9. EDUCATION	U ARE REQUII		COMPLETE APP	LICATION, F		B. If you have a hig	n school equivaler		SUME OR NOT.**	
9. EDUCATION A. Did you gra	duate from high s	school?				B. If you have a hig the certificate w	n school equivaler	ncy certificate	e, give the year and place	
9. EDUCATION	duate from high s		COMPLETE APP			B. If you have a hig	n school equivaler		e, give the year and place	
9. EDUCATION A. Did you gra	duate from high s	school?	HIGHEST GRADE CO	MPLETED		B. If you have a hig the certificate w	n school equivaler	ncy certificate	e, give the year and place	
9. EDUCATION A. Did you gra	duate from high s	school?		MPLETED		B. If you have a hig the certificate w	n school equivaler	ncy certificate	e, give the year and place	
9. EDUCATION A. Did you gra	duate from high s	NO hool, or tr	HIGHEST GRADE CO	MPLETED		B. If you have a hig the certificate w YEAR	n school equivaler	ncy certificate	e, give the year and place	
9. EDUCATION A. Did you gra	duate from high s  TH YEAR  school, grade sch	NO hool, or tr	HIGHEST GRADE CO	MPLETED	1	B. If you have a hig the certificate w YEAR	n school equivaler as granted.	ncy certificate	e, give the year and place	
9. EDUCATION A. Did you gra  YES MON C. Give last high	duate from high s  TH YEAR  school, grade sch	NO Nool, or tr	HIGHEST GRADE CO	MPLETED  nded:	1	B. If you have a hig the certificate w YEAR	n school equivaler as granted.	ncy certificate	e, give the year and place	
9. EDUCATION A. Did you gra  YES MON C. Give last high	duate from high s  TH YEAR  school, grade sch	NO NO CHAOL OF THE SCHOOL OF T	HIGHEST GRADE CO	MPLETED  nded:	IOCATIO	B. If you have a hig the certificate w YEAR	n school equivaler as granted.	PLACI	e, give the year and place	
9. EDUCATION A. Did you gra  YES MON C. Give last high	school, grade sch	NO NO CHAOL OF THE SCHOOL OF T	HIGHEST GRADE CO	MPLETED  nded:  attended:	IOCATIO	B. If you have a hig the certificate w YEAR	n school equivaler as granted. DATES ATT	PLACI	COURSE	
9. EDUCATION A. Did you gra  YES MON C. Give last high	school, grade sch	NO NO CHAOL OF THE SCHOOL OF T	HIGHEST GRADE CO	MPLETED  nded:  attended:	IOCATIO	B. If you have a hig the certificate w YEAR	n school equivaler as granted. DATES ATT	PLACI	COURSE	
9. EDUCATION A. Did you gra  YES MON C. Give last high	school, grade sch	NO NO CHAOL OF THE SCHOOL OF T	HIGHEST GRADE CO	MPLETED  nded:  attended:	IOCATIO	B. If you have a hig the certificate w YEAR	n school equivaler as granted. DATES ATT	PLACI	COURSE	
9. EDUCATION A. Did you gra  YES MON C. Give last high	school, grade sch	NO NO CHAOL OF THE SCHOOL OF T	HIGHEST GRADE CO	MPLETED  nded:  attended:	IOCATIO	B. If you have a hig the certificate w YEAR	n school equivaler as granted. DATES ATT	PLACI	COURSE	
9. EDUCATION A. Did you gra  YES MON C. Give last high	school, grade sch	NO NO CHAOL OF THE SCHOOL OF T	HIGHEST GRADE CO	MPLETED  nded:  attended:	IOCATIO	B. If you have a hig the certificate w YEAR	n school equivaler as granted. DATES ATT	PLACI	COURSE	

years. Use additi		aper if you need more	g all paid or unpaid, full or part-time work, military service, and summer jobs performed during the last 10 space. Work performed more than 10 years ago may be given if it applies to the job you want.  No (NOTE: We may contact any previous supervisor to very your past duties.)					
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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 IMMEEDIATE SUPERVISOR					
REASONS FOR LEAV	/ING							
Your job title:								
Your duties:								
STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR							
SALARY		HOURS PER WEEK	NAME, TITLE, AND PHONE NUMBER OF YOUR IMMEEDIATE SUPERVISOR					
REASONS FOR LEAV	/ING							
Your job title:								
Your 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 IMMEEDIATE SUPERVISOR					
REASONS FOR LEAVING								
Your job title:								
Your 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 IMMEEDIATE 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 D. Hispanic/Spanish Surnamed B. Black/Afro American E. Oriental/Asian American F. Other \_\_\_\_\_ C. White/Caucasian Please specify 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? \_\_\_\_\_