



APPLICATION FOR EMPLOYMENT
MUST BE COMPLETED EVEN IF ATTACHING A RESUME

Northwest Alabama Council of Local Governments (**NACOLG**) is an equal opportunity, drug-free workplace employer that recruits, employs, promotes, trains, transfers, and disciplines without regard to race, color, religion, national origin, citizenship, age, sex, marital status, ancestry, physical or mental disability, medical condition, veteran status, sexual orientation, or any other classification protected by law. Please answer all questions completely – incomplete or illegible applications cannot be considered. All offers of employment are contingent upon verification of eligibility of employment to work in the U.S and NACOLG, satisfactory Background Check and Drug Screen results.

(Please PRINT clearly)

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Preferred Name
List all other names you have worked under or earned educational degrees/diplomas:			
Street Address	City	County	State Zip Code
Home Telephone	Work Telephone	Cell Phone	E-Mail Address
Are you age 21 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you provide documented evidence of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about opportunities at NACOLG ?			

POSITION DESIRED

Position _____ Salary Desired \$ _____ per _____ Date Available _____

Will you be able to work overtime if required? Yes No

SUPPLEMENTAL QUESTIONS

1. Type of work desired? ___ Full-Time ___ Part-Time ___ Temporary ___
2. Have you ever submitted an application to **NACOLG** before? Yes No If yes, please list date(s) and position(s) applied for: _____
3. Have you ever been employed by **NACOLG** before? Yes No If yes, list date(s) _____
4. Are immediate family member(s) or member(s) of your household currently employed with **NACOLG**? Yes No

EMPLOYMENT

List all your employers, starting with current or most recent, for at least 10 years of employment.

Current or Previous Employer		Phone () -
Address (Street, City, State, Zip)		Job Title
Job Duties		Supervisor/Title
Dates Employed		If currently employed, may we contact? Yes No
From		Reason for Leaving ?
To		

Current or Previous Employer		Phone () -
Address (Street, City, State, Zip)		Job Title
Job Duties		Supervisor
		Title
Dates Employed		Reason for Leaving?
From:		
To:		

Current or Previous Employer		Phone () -
Address (Street, City, State, Zip)		Job Title
Job Duties		Supervisor
		Title
Dates Employed		Reason for Leaving ?
From:		
To:		

EDUCATION					
	Name	Address	Degree	Field of Study	Did you graduate?
High School					
College					
Other					
Other					

SKILLS AND QUALIFICATIONS
Summarize any training, skills, licenses and certifications that may qualify you as being able to perform job related functions in the position for which you are applying. (Computer software, Microsoft Word, Excel, GIS, CDL, etc.)



Convictions: Have you ever been convicted of a **crime** that has not been expunged or sealed by a court? Yes No
If yes, please explain **all** offenses in detail (e.g.; date(s), offense(s), disposition(s), etc.): **(Note: convictions do not necessarily disqualify an applicant from employment consideration. Such factors as: the date of the offense, the number of offenses, the seriousness and nature of the offense and the your success in rehabilitation programs will be considered)**

Driving Record: (Because employees may drive their own or company vehicles or rent vehicles for company business)

1. Do you have a valid Driver's License? Yes No
2. Do you have any special licenses, permits (i.e. commercial, motorcycle, etc.)? Yes No If yes, what? _____

REFERENCES

Please list individuals we may contact to verify your employment or personal information. References should not include close friends or relatives.

Name: _____ Title: _____ Company: _____
Relationship: _____ Address: _____ Phone #: _____

Name: _____ Title: _____ Company: _____
Relationship: _____ Address: _____ Phone #: _____

DISCLOSURE AND AUTHORIZATION

I certify that all the information I have provided in order to apply for and secure work with **NACOLG** is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this Application, or result in immediate discharge from **NACOLG**, whenever it is discovered.

I hereby authorize **NACOLG** or its authorized agent, to independently and thoroughly investigate all my references, complete work record, education, and all other matters related to my suitability for employment. I also authorize my former employers and references to disclose to the company any letters, reports, performance appraisals, etc. related to my work records without giving me prior notice of such disclosure. In addition, I further release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that **NACOLG** does not unlawfully discriminate in employment and no question on this Application is used for the purpose of limiting or excluding any Applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this Application will remain current for only **60 days**. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new Application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the **NACOLG** reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This Application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of **NACOLG** is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Applicant's Signature: _____

Date: _____
