



# Alabama Sheriffs' Youth Ranches

P.O. Box 240009 • Montgomery, AL 36124-0009  
334/213-2071 • Fax: 334/213-1195

## Application for Employment

Your interest in our organization is appreciated. We comply with state and federal laws regarding equal employment opportunities. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, handicap or age.

Applications are kept on file for six (6) months. If you have not been hired within six (6) months of the date of your application, you must re-file if you are to be considered for future employment opportunities.

### Personal Information (please print)

Name (Last, First, Middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you ever been known by any other name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name? \_\_\_\_\_ Dates known by this name \_\_\_\_\_ to \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in full \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give Alien Registration Number \_\_\_\_\_

Are you over age 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, do you have a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Referral Source: Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Do any of your friends or relatives work here? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name(s) \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Position applied for \_\_\_\_\_

Status desired: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Other (Temporary/Seasonal) \_\_\_\_\_

Date available: \_\_\_\_\_

List any skills, qualifications, courses or training you have that relate to the position for which you are applying: \_\_\_\_\_

Are you presently a member of the Military Reserve or National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

List Professional, Trade, Business or Civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Present and Past Employment, Beginning with Your Most Recent:**

1. \_\_\_\_\_  
Name and Address of Company and Type of Business

From \_\_\_\_\_ To \_\_\_\_\_ Describe the work you did: \_\_\_\_\_  
\_\_\_\_\_

Weekly/Annual starting salary \_\_\_\_\_ Weekly/Annual last salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_  
Name and Address of Company and Type of Business

From \_\_\_\_\_ To \_\_\_\_\_ Describe the work you did: \_\_\_\_\_  
\_\_\_\_\_

Weekly/Annual starting salary \_\_\_\_\_ Weekly/Annual last salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_  
Name and Address of Company and Type of Business

From \_\_\_\_\_ To \_\_\_\_\_ Describe the work you did: \_\_\_\_\_  
\_\_\_\_\_

Weekly/Annual starting salary \_\_\_\_\_ Weekly/Annual last salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

May we contact the employers listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, indicate which one(s) you do not wish us to contact and state the reason why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What office or business machines have you operated? \_\_\_\_\_

If applying for, or willing to accept a clerical position: what is your typing speed? \_\_\_\_\_

Do you take shorthand? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what is your speed? \_\_\_\_\_

Give name, address and phone number of three references, not related to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health History

If required for the position for which you are applying, will you consent to periodic physical examinations and blood or urine analysis at company expense? (Note: This analysis may test for controlled substances) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

When is the last time you missed a week of work or school due to illness or injury? \_\_\_\_\_

What was the nature of the illness or injury? \_\_\_\_\_

How much time have you lost from work or school through illness or injury in the past two (2) years? \_\_\_\_\_

What was the nature of the illness or injury? \_\_\_\_\_

Names and addresses of doctors: \_\_\_\_\_

\_\_\_\_\_

May we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_

When is the last time you missed a week of work or school for a reason other than illness or injury? \_\_\_\_\_

What was the reason? \_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Shift work \_\_\_\_\_ Overtime \_\_\_\_\_

If there are any hours you are unwilling to work, what are they? \_\_\_\_\_

Are you on lay-off and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if a job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Driving Record (Complete this section only if you are applying for a position which requires the operation of a motor vehicle)

Do you presently have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the following driver's license information:

State: \_\_\_\_\_ Number: \_\_\_\_\_ Type: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Have you had a driving violation within the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_  
\_\_\_\_\_

**Record of Education**

School	Name and Address of School	Course of Study
High _____	_____	_____
_____	_____	_____

Check last year completed 1 2 3 4 Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

List Diploma or Degree \_\_\_\_\_  
\_\_\_\_\_

College _____	_____
_____	_____

Check last year completed 1 2 3 4 Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

List Diploma or Degree \_\_\_\_\_  
\_\_\_\_\_

Other (Specify) \_\_\_\_\_  
\_\_\_\_\_

Check last year completed 1 2 3 4 Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

List Diploma or Degree \_\_\_\_\_  
Describe Specialized Training, Apprenticeship, Skills and Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a veteran of the U. S. Military Service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch of U. S. Military Service? \_\_\_\_\_

I attest that the information listed above is true and correct to the best of my knowledge.

I understand that a secondary step in the application process is a mandatory criminal background check and that I am responsible for paying the \$49 fee in advance to the Alabama Sheriffs' Youth Ranches. This fee will be refunded to me upon a satisfactory outcome of the background check.

Signed \_\_\_\_\_

Date \_\_\_\_\_