



## Applicant Data Form

The Alabama Cooperative Extension System is an equal opportunity employer and all applicants will be considered without discrimination for any non-merit reasons such as race, color, religion, sex, national origin, politics, marital status, disability, age or membership or non-membership in an employee organization.

**PRINT OR TYPE IN BLACK INK**

NAME	Last	First	Middle	Social Security #	Daytime Phone #	Type of Employment Desired (May check more than one) <input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time (less than 40 hours) Type of Position Desired (May check more than one): <input type="checkbox"/> Administrative <input type="checkbox"/> Clerical <input type="checkbox"/> Professional <input type="checkbox"/> Technical
Present Address	Street	City	State	Zip Code		
Other Names Previously Used Under Which Records May Be Located				Date Available	Minimum Salary Required	

**EDUCATION**

Name of School	Circle Year Completed	Major	Graduate Yes/No	Degree Obtained
High School	8 9 10 11 12 GED			
Voc School	Fr. So. Jr. Sr.			
College				
Grad School				
Grad School				

**EMPLOYMENT HISTORY START WITH MOST RECENT, YOU MAY ATTACH AN ADDITIONAL SHEET OR RESUME IF YOU PREFER. HOWEVER, IT WILL NOT SUBSTITUTE FOR COMPLETION OF THIS SECTION**

Employment Dates From (Mo/Yr) To (Mo/Yr)	Hours Per Week	Name of Organization	Organization Address	Position Held	Immediate Supervisor	Salary	Reason for Leaving

BRIEFLY DESCRIBE MAJOR DUTIES OR POSITIONS PREVIOUSLY HELD AND FURTHER DETAILS OF QUALIFICATIONS:

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**U.S. MILITARY EXPERIENCE**

Branch of Service	Date of Service From	To	Rank
Describe Any Training Received That You Feel Is Relevant:			

**OTHER INFORMATION AND SKILLS**

Licenses	Driver's License Number and State	<input type="checkbox"/> Multi-Line Telephone	<input type="checkbox"/> Dictaphone
Certifications		<input type="checkbox"/> Word Processing Software	
<input type="checkbox"/> Typing ____ WPM	<input type="checkbox"/> Shorthand ____ WPM	<input type="checkbox"/> Computer Programming Languages	
<input type="checkbox"/> Other Office Equipment		<input type="checkbox"/> Laboratory Equipment	
Other			
Have you ever been convicted of a crime (felony or misdemeanor including DUI) other than routine traffic citations? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give details. (Note: a criminal record is not necessarily a bar to employment. Each applicant is considered on an individual basis):			
Names of relatives employed by The Alabama Cooperative Extension System, Auburn University or Alabama A&M University:			
Have you ever been discharged or forced to resign from employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name of employer(s) and reason(s):			
Have you been previously employed by The Alabama Cooperative Extension System, Auburn University or Alabama A&M University: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list dates of employment:                      Title                      Department/unit                      Other name(s) under which you worked			
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> yes <input type="checkbox"/> no Proof of citizenship or immigration status will be required upon employment.			

**Applicant's Agreement:**

I hereby state that the information given by me on this form and in any interview is certified to be true and complete. I understand that this information is subject to verification, and that if this information is later found to be untrue, incomplete or misrepresented in any way, this will be cause for rejection of my application or, if already employed, for immediate dismissal. I also understand that the Alabama Cooperative Extension System may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I understand that the Alabama Cooperative Extension System reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during employment to the extent permitted by law.

I understand that this application will be given every consideration, but it is not a promise of employment. I further understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I understand that I have the right to terminate my employment at any time, with or without notice, and the Alabama Cooperative Extension System has the same right. No one other than the Director of the Alabama Cooperative Extension System has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I acknowledge that I have received and understand written instructions regarding the application procedures for employment with the Alabama Cooperative Extension System

**Applicant's Release**

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar's or Placement Office of all educational institutions attended to release an official copy of my transcript if requested. In addition, I authorize any law enforcement jurisdiction to release any information requested regarding my background to the Alabama Cooperative Extension System.

**Selective Service Certification:**

I certify that I comply with the provisions of the United States Military Selective Service Act (50 U.S.C. app. 453) by having registered with the Selective Service Board or that I am not required by law to register.

**APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_