

**DO NOT WRITE IN THIS SPACE**

# APPLICATION FOR EXAMINATION

RETURN TO:

ALABAMA ABC BOARD  
 2715 GUNTERPARK DRIVE WEST  
 MONTGOMERY, ALABAMA 36109  
 EMAIL: RETAIL.JOBS@ABC.ALABAMA.GOV  
 FAX: 334-260-5450

### General Instructions

**A SEPARATE APPLICATION IS REQUIRED FOR EACH JOB. Do not write in shaded areas.** Complete all parts of the application. Applications not properly completed will be returned. Photocopied and facsimile applications will be accepted.

ENTER LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER BELOW

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**PRINT ALL INFORMATION LEGIBLY**

<b>Job Title of Examination (one per application):</b>				<b>Option (if applicable):</b>
Full Name _____ First Middle Last				
Mailing Address _____ House or Apartment Number Street				
City		State		County
Zip Code		E-mail Address		
Telephone Number: Home ( ) _____		Cell ( ) _____		Work ( ) _____
Area Code		Area Code		Area Code
<b>The following information is required for governmental reporting or record keeping purposes:</b>				
Date of Birth _____			Sex (check one) 1. ( ) Male 2. ( ) Female	
(Month) (Day) (Year)				
Race (check one) ( ) White ( ) Black ( ) Hispanic ( ) Asian ( ) Native Hawaiian or Pacific Islander ( ) American Indian or Alaskan Native ( ) Two or More Races ( ) Do Not Wish to Respond				

<b>EDUCATION:</b>	<b>CHECK THE HIGHEST GRADE OF SCHOOL COMPLETED.</b>	<b>ED</b>	
High School Diploma or GED? ( ) Yes ( ) No	1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4	<b>LC</b>	

**PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. IF ONLINE, INDICATE BY \*ASTERISK.**

Name and Location of School	Dates of Attendance		Credit Hours		Did You Graduate?		Type of Degree and Date	Major
	Month/Year	From To	Earned	Sem. Qtr.	Yes	No		

**PROFESSIONAL LICENSE OR CERTIFICATE**

License/Certificate Issued By	Field/Trade/Specialization	License/Certificate No.	Issue Date	Expiration Date

**LIST COURSES SUCCESSFULLY COMPLETED (AND HOURS EARNED) WHICH ARE PARTICULARLY RELATED TO POSITION (attach additional sheets, if needed)**


### CERTIFICATION STATEMENT

I hereby certify, under penalty of perjury, that all statements on or attached to this application are true, correct, and complete. I further agree and understand that any false or deceptive information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the State of Alabama and may prohibit me from being considered for future employment. I understand that all information on this application is subject to verification, and I consent to criminal history background, military service, and employment checks. I agree to allow my employer/prospective employer to receive a copy of my Alabama Background Check report through ALEA. If employed, I agree to electronic deposits of my payroll check and other state payments; and consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for any overtime hours worked. The State Personnel Department is not responsible for late receipt of applications due to mail service or faxing malfunctions.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Your name may be removed from an employment register for any disqualifying reason.**  
**AN EQUAL OPPORTUNITY EMPLOYER**

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

List three independent persons, not relatives or present employer, who know you well enough to give information about you.

NAME	ADDRESS AND PHONE NUMBER	EMPLOYER

**Should you need testing accommodations due to a health problem or disability, you must contact the State Personnel Department.**

Have you ever been involuntarily terminated, discharged, forced to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job?     Yes     No

If you answered Yes to the above question, provide an explanation noting any mitigating or extenuating circumstances in the space below. If necessary, you may use a separate sheet or sheets and attach to the application.

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Have you ever been convicted of a misdemeanor or felony crime? (including pleading guilty or nolo contendere, or attending pretrial diversion.)     Yes     No

If you answered Yes to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

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Have you ever been known by any other name(s)?     Yes     No    If Yes, what name(s)? \_\_\_\_\_

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**NOTE: THE DISCLOSURE OF A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT, EXCEPT AS REQUIRED BY LAW. ONCE QUALIFIED FOR A POSITION AND PLACED ON A REGISTER, THE EMPLOYING AGENCY MAY THEN DETERMINE IF THE APPLICANT'S DISCLOSED CRIMINAL CONVICTION IS DIRECTLY RELATED TO THE DUTIES FOR THE POSITION BEING CONSIDERED. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.**

**WORK HISTORY**

**THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RÉSUMÉ IS ATTACHED.**

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Describe in detail your duties. (Attach additional sheets if needed.)

1. Current or Last Employer					Your Official Job Title	
Address					Type of Business	
FROM Month    Year	TO Month    Year	Total Months Worked	Number of Hours Per Week	Beginning Salary \$ _____ Per _____		Ending Salary \$ _____ Per _____
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated		
Name, Title and Telephone Number of Supervisor				Reason for Leaving		
Describe Your Duties in Detail						

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

2. Employer				Your Official Job Title			
Address				Type of Business			
FROM Month    Year	TO Month    Year	Total Months Worked	Number of Hours Per Week	Beginning Salary		Ending Salary	
_____	_____	_____	_____	\$ _____ Per _____		\$ _____ Per _____	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

3. Employer				Your Official Job Title			
Address				Type of Business			
FROM Month    Year	TO Month    Year	Total Months Worked	Number of Hours Per Week	Beginning Salary		Ending Salary	
_____	_____	_____	_____	\$ _____ Per _____		\$ _____ Per _____	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

4. Employer				Your Official Job Title			
Address				Type of Business			
FROM Month    Year	TO Month    Year	Total Months Worked	Number of Hours Per Week	Beginning Salary		Ending Salary	
_____	_____	_____	_____	\$ _____ Per _____		\$ _____ Per _____	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

5. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS.

**COMPLETE THIS SECTION IF YOU ARE CLAIMING VETERAN'S PREFERENCE**

- If you claim Veteran's Preference, check the type below. Attach copies (which will not be returned) of the required documents to your application to support your claim.
- 1 ( ) Veteran (5 points) - Requires DD214 or document showing dates of service and type of discharge. **If this has been submitted previously and is on file with this office, you may disregard this requirement. Note: Must be active duty for other than training purposes.**
  - 2 ( ) Disabled Veteran (10 points) - Requires DD214 or other document as above and letter of disability from V.A. dated within last 6 months. **V.A. letter must be kept updated until register is established or you lose the extra 5 points.**
  - 3 ( ) Deceased Veteran's spouse (10 points) - Requires DD214 or other document as above and marriage and death certificates. Cannot be claimed if spouse remarries.
  - 4 ( ) Disabled Veteran's spouse (10 points) - Requires DD214 or other document as above and V.A. letter of disability dated within last 6 months. Cannot be claimed unless still married to disabled veteran who because of this disability is not them self qualified.
  - 5 ( ) Permanently Disabled Veteran (10 points) - Requires DD214 or other document as above indicating veteran is permanently disabled or DD214 or other document and V.A. letter indicating permanent disability.

**COMPLETE THIS SECTION IN ORDER TO BE SCHEDULED FOR WRITTEN EXAMS**

Written exams will be given in the places below for which a sufficient number of applicants express preference. Indicate by number your 1st, 2nd and 3rd choices.

- |                  |                    |                  |                   |                   |
|------------------|--------------------|------------------|-------------------|-------------------|
| 3 ( ) Birmingham | 6 ( ) Jacksonville | 9 ( ) Montgomery | 11 ( ) Florence   | 13 ( ) Huntsville |
| 5 ( ) Dothan     | 8 ( ) Mobile       | 10 ( ) Selma     | 12 ( ) Tuscaloosa | 14 ( ) Troy       |

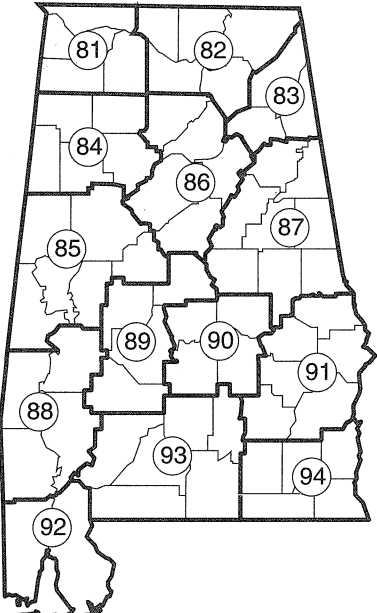
If you qualify, you will receive a notice showing the place and time you are to report for the exam.

**Where did you learn of this job? (check all that apply)**

- |                                       |                               |  |                                      |
|---------------------------------------|-------------------------------|--|--------------------------------------|
| 1 ( ) State Career Center             | 5 ( ) Friend/Relative         | 9 ( ) Legislative Representative               | 13 ( ) TV/Radio Commercial           |
| 2 ( ) Job Announcement Notice         | 6 ( ) Dept. News Bulletin     | 10 ( ) State Recruiter / Counselor             | 14 ( ) State Personnel Dept. Website |
| 3 ( ) Newspaper                       | 7 ( ) Rehabilitation Services | 11 ( ) State Personnel Dept. Information Board | 15 ( ) Other Website                 |
| 4 ( ) College Placement/Career Office | 8 ( ) High School Counselor   | 12 ( ) Outreach Program (i.e. Church)          | 16 ( ) Other _____                   |

**AVAILABILITY**

<b>81 - Northwest Alabama</b> 17 Colbert 30 Franklin 39 Lauderdale 40 Lawrence	<b>84 - Jasper/ Winfield Area</b> 29 Fayette 38 Lamar 47 Marion 64 Walker 67 Winston	<b>87 - East Central Alabama</b> 08 Calhoun 09 Chambers 14 Clay 15 Cleburne 19 Coosa 56 Randolph 61 Talladega 62 Tallapoosa	<b>90 - Montgomery Area</b> 01 Autauga 26 Elmore 43 Lowndes 51 Montgomery	<b>93 - South Central Alabama</b> 07 Butler 18 Conecuh 20 Covington 21 Crenshaw 27 Escambia 50 Monroe
<b>82 - Huntsville/ Decatur Area</b> 36 Jackson 42 Limestone 45 Madison 48 Marshall 52 Morgan	<b>85 - Tuscaloosa Area</b> 04 Bibb 32 Greene 33 Hale 54 Pickens 60 Sumter 63 Tuscaloosa	<b>88 - Southwest Alabama</b> 12 Choctaw 13 Clarke 46 Marengo 65 Washington	<b>91 - Phenix City Troy Area</b> 03 Barbour 06 Bullock 41 Lee 44 Macon 55 Pike 57 Russell	<b>94 - Dothan Area</b> 16 Coffee 23 Dale 31 Geneva 34 Henry 35 Houston
<b>83 - Northeast Alabama</b> 10 Cherokee 25 Dekalb 28 Etowah	<b>86 - Birmingham Area</b> 05 Blount 22 Cullman 37 Jefferson 58 Shelby 59 St. Clair	<b>89 - Selma/Clanton Area</b> 11 Chilton 24 Dallas 53 Perry 66 Wilcox	<b>92 - Mobile Area</b> 02 Baldwin 49 Mobile	<b>95 - Statewide</b> (You will be considered for vacancies throughout the state. Relocation may be necessary)



Please answer the following questions with care. List in the spaces provided those areas of the state in which you would accept employment. You will be considered for employment only in the locations you indicate. You may choose a combination of up to seven counties and/or regions from the list above. If you list a region, you will be considered available for all counties in that region. The counties in each region are listed alphabetically below the region. You will not be considered for jobs involving overnight travel or shift work unless you so indicate.

List the numbers of up to 7 counties and/or regions where you are willing to work \_\_\_\_\_

If you want to be considered for appointment by **only certain state agencies**, indicate here \_\_\_\_\_

Enter the earliest date you will be available to interview for employment. (Your name will not appear on a list of eligibles until this date.) \_\_\_\_\_  
 Month Day Year

Will you accept work involving overnight travel? ( ) Yes ( ) No Will you accept part-time work? ( ) Yes ( ) No

Will you accept temporary work? ( ) Yes ( ) No Will you accept conditional work? ( ) Yes ( ) No

Which shifts are you willing to work? 0. ( ) all shifts 1. ( ) 1st only 2. ( ) 2nd only 3. ( ) 3rd only 4. ( ) 1st and 2nd only 5. ( ) 1st and 3rd only 6. ( ) 2nd and 3rd only

**NOTE: Your name will be placed on inactive status for this class after declining three offers of employment consideration or failing to reply to an agency's inquiry concerning your availability. Your name may be restored to the active register by written request.**