

Application for Employment

Decatur General

1201 7th Street SE
 PO Box 2239
 Decatur AL 35609-2239

**PLEASE PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR SOCIAL SECURITY CARD.
 PLEASE COMPLETE ENTIRE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Name and Address

Date		Social Security Number	
Name (Last)	(First)	(Middle Initial)	
Current Address	City	State	Zip
Home Phone (Include Area Code)	Cell Phone (Include Area Code)	Other Phone	

Additional Information

Have you ever been employed by Decatur General? If yes, give dates, department and supervisor.

Are you a US Citizen?	If no, do you have a valid alien work permit?	Do you have adequate means of transportation to get to work?
Position(s) Applied for		
Rate of Hourly Pay Expected	Preferred shift - <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Flex	Are you willing to work - <input type="checkbox"/> Full-Time <input type="checkbox"/> Week-ends <input type="checkbox"/> Part-Time (specific days) _____ <input type="checkbox"/> PRN
List any relatives currently working for Decatur General. Include relationship and department.		
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full		

Education and Special Training

High School	From	To	Course of Study	Did you graduate?
Location				<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College	From	To	Course of Study	Did you graduate?
Location				Type of degree of diploma
Other - Specify	From	To	Course of Study	Did you graduate?
Location				Type of diploma

List additional skills, knowledge and abilities you possess. Include other languages spoken

Emergency Contact

Name	Address	Phone Number	Relationship

List Professional Licenses and certificates

Type	Licenses Number	Expiration Date	Date Issued	State

Work History

Beginning with your most recent or current employer, list all positions you have held which are necessary for determining your eligibility for employment. Clearly describe the work duties you personally performed. Be sure to account for any breaks in employment and any military time. (If the reason is medical-related, the applicant should not identify the medical cause or whether the applicant has a disability.) You must fill out this section of the application even if a resume is attached

Official Job Title	Name of Company	Address (include City and State)
Reason for leaving	Dates of employment From: To:	Starting Salary Ending Salary
Immediate Supervisor	Phone (Including Area Code)	May we contact this employer? If not, why?

Describe your duties

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Describe your duties

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Describe your duties

Were you employed under a different name at any of the above positions? If yes, explain to enable a background check on work record.

Personal References

Name	Address	Phone No.

I hereby declare that the answers to the questions on my application and related paperwork which I have been asked to complete, and any attachment to same, are true and correct and that any misstatements of facts or omissions may form the basis for rejection of my application or for my dismissal after employment. I further release Decatur General and designated applicant screening agency, its officers, employees, and agents from any and all liability from the results and preparation of any reports concerning my background or myself. The facts set forth by me in this application are true and correct to the best of my knowledge and belief.

Signature

Print Name

Date