

MOBILE COUNTY PUBLIC WORKS

EMPLOYMENT APPLICATION

NAME: \_\_\_\_\_ ( )  
Last First MI

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: ( ) \_\_\_\_\_ Are you 18 or older? \_\_\_\_\_ Email Address: \_\_\_\_\_

DRIVER'S LICENSE INFORMATION

Do you have a valid Alabama Driver's License?  Yes  No Do you have a CDL?  Yes  No

D/L # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Restrictions?  Yes  No

CDL Information: (Class: \_\_\_\_\_) (Endorsements: \_\_\_\_\_)

Have you incurred any traffic violations in the last 5 years?  Yes  No If yes list: \_\_\_\_\_

I hereby authorize Mobile County to obtain a copy of Motor Vehicle Report and review it for purposes of employment under Mobile County's Automobile Liability Insurance Policy.

Furthermore, I hereby release, indemnify and agree to hold Mobile County harmless from any act or omission relating to said Motor Vehicle Report.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date

EDUCATION INFORMATION

Elementary School: \_\_\_\_\_ Address: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Middle School: \_\_\_\_\_ Address: \_\_\_\_\_ Years Completed: \_\_\_\_\_

High School: \_\_\_\_\_ Address: \_\_\_\_\_ Years Completed: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_ Years Completed: \_\_\_\_\_

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MILITARY INFORMATION

Veteran:  Yes  No

Types of work performed: \_\_\_\_\_

\_\_\_\_\_

**WORK HISTORY**

Are you presently employed:  Yes  No May we contact your present employer?  Yes  No

\_\_\_\_\_  
Company Name Address City State Zip

Phone # (\_\_\_\_) \_\_\_\_\_ Years Employed \_\_\_\_\_ Months Employed \_\_\_\_\_ Type of work: \_\_\_\_\_

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**PREVIOUS EMPLOYMENT**

1. \_\_\_\_\_  
Company Name Address City State Zip

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years employed \_\_\_\_\_ Months employed \_\_\_\_\_ Type of work: \_\_\_\_\_

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2. \_\_\_\_\_  
Company Name Address City State Zip

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years employed \_\_\_\_\_ Months employed \_\_\_\_\_ Type of work: \_\_\_\_\_

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3. \_\_\_\_\_  
Company Name Address City State Zip

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years employed \_\_\_\_\_ Months employed \_\_\_\_\_ Type of work: \_\_\_\_\_

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List any other work experience and/or equipment operated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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List names and relationship of all relatives presently employed with Mobile County Public Works Department:

1. Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

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I hereby affirm that all statements I have made are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date