



Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Announcement # \_\_\_\_\_

**A P P L I C A N T I N F O R M A T I O N** (continued)

8. List anyone to whom you are related by blood or marriage

- (1) who is employed by a local government agency (Merit System Agency) or
- (2) who is an elected or appointed official within Mobile County (include members of Boards, Councils or Commissions).

NAME	RELATIONSHIP	EMPLOYER	POSITION OR TITLE

**E D U C A T I O N H I S T O R Y**

**Important:** Include with your application copies of transcripts for college or university coursework and copies of certificates for business or trade schools, if not submitted previously.

**EDUCATION**—Mark the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 1 2 3 4 / Graduate School 1 2 3 4

SCHOOLS	NAME AND LOCATION	DATES ATTENDED	GRADUATED	DEGREE	MAJOR/MINOR
High School			Yes		
			No		
College Or University			Yes		
			No		
Graduate			Yes		
			No		
Business Or Trade			Yes		
			No		

Professional Registrations/Licenses/Certifications: (Examples: CPA, RN, EMT, PE, Licensed Electrician) Include license number, date of original licensure and expiration date of current licensure.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Announcement # \_\_\_\_\_

**E M P L O Y M E N T**

Name of immediate supervisor: \_\_\_\_\_

Jurisdiction employed by: \_\_\_\_\_

Describe the duties and responsibilities performed in your current classification. Include sections you have worked in, equipment operated, tools used, etc.

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

**COMPLETE THIS SECTION IF YOU ARE APPLYING FOR THE POSITION OF  
 Public Service Worker I.**

Indicate the date you were hired as a Laborer: \_\_\_\_\_

Have you been employed as an Unskilled Laborer in the Mobile County Merit System before? \_\_\_\_\_

If yes, indicate the dates employed and the jurisdiction employed by:

\_\_\_\_\_

*NOTE: In answering questions 9 and 10, ALL PREVIOUS OR CURRENT offenses and jobs are to be considered without exception. A "yes" response to the following questions does not automatically disqualify you from employment consideration. All facts provided will be evaluated; however, **failure to reveal requested information is a cause for automatic rejection.***

If **"yes"** to any part of number 9 below, give complete details for EACH and EVERY OFFENSE or TICKET to include **(1) date, (2) charge, (3) place, (4) court and (5) action taken** in the Additional Remarks section below.

- |     |  |     |    |
|-----|--|-----|----|
| 9.  | (A) Have you received any <b>traffic tickets</b> within the last five years?   | YES | NO |
|     | (B) Have you ever been <b>convicted</b> of, pled guilty to, or fined for any other offense against the law? If so, in addition to details requested, specify in section 11 below if conviction is a misdemeanor or a felony. | YES | NO |
|     | (C) Are you <b>now under charges</b> for any unlawful act including traffic violations ?   | YES | NO |
|     | (D) Have you ever been convicted by <b>military court martial</b> ?  | YES | NO |
| 10. | Have you ever been <b>fired, discharged or forced to resign from a job</b> ?<br>If <b>"yes"</b> , provide details under <b>"Additional Remarks"</b> section below.   | YES | NO |

**11. ADDITIONAL REMARKS :**

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

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Announcement # \_\_\_\_\_

**I have completed, attached, and/or submitted the following documents as a requirement for application for the position indicated:**

- \_\_\_\_\_ Employment Application (Indicating position applied for and announcement number.)
- \_\_\_\_\_ Supplemental Questionnaire
- \_\_\_\_\_ Applicant Data Sheet
- \_\_\_\_\_ Supporting Documents (i.e., transcripts, certificates, licenses)  
(Please specify \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.)
- \_\_\_\_\_ Applicant Affirmative Action Data Form (Completion is voluntary.)

**I have received the LIST OF STUDY MATERIALS shown in the promotional job announcement (if applicable).**

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

Department Verification:

\_\_\_\_\_ (Initials)

**Application Source:** How did you hear about us? Please check the correct number(s) and provide appropriate information below.

- |                                       |   |  |
|---------------------------------------|---|--|
| ___ (1) "Current Vacancies" Sheet     | ___ (5) Employment Agency                     | ___ (9) Other Source _____                       |
| ___ (2) Newspaper/Journal Ad<br>_____ | ___ (6) Co-worker, Friend, or Relative        | ___ (10) Walk-in                                 |
| ___ (3) Television _____              | ___ (7) Current or Former Employee            | ___ (11) Job/Career Fair<br>(Event:) _____       |
| ___ (4) Radio _____                   | ___ (8) School Counselor/<br>Placement Office | ___ (12) College/University<br>(Location:) _____ |

**READ THIS CERTIFICATE BEFORE SIGNING:**

I hereby certify that all information in this application is true to the best of my knowledge and I understand that any material misstatement of fact will cause the loss of all rights of employment under the jurisdiction of the Personnel Board for Mobile County. I agree that this Application and all papers in connection with the examination shall be confidential records of the Personnel Board subject to the inspection of the appointing authority as provided by the rules and to my personal inspection as provided by the rules. I further understand that eligibility will be subject to meeting suitability requirements regarding character and record of employment. I understand that I will be required to pass a physical and medical examination if accepted for appointment to Public Service Worker I.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**SUPPLEMENTAL QUESTIONNAIRE  
 APPLICANT DATA SHEET  
 MOBILE COUNTY PERSONNEL BOARD**

APPLICANT INSTRUCTIONS: 1 – WRITE YOUR NAME AND SOCIAL SECURITY #  
 2 – SELECT EMPLOYMENT TYPE  
 3 – SELECT JURISDICTIONS  
 4 – SIGN AND DATE THE FORM

PUB SERVICE WORKER I (013300)	12605
Examination	Announcement #
Applicant Name	Applicant SS#

EMPLOYMENT TYPES: Check all you will accept.

- FULL TIME*   
  *PART TIME*   
  *TEMPORARY*   
  *SEASONAL*   
  *SUPERNUMERARY (SUBSTITUTE)*   
  *SHIFT WORK*

**JURISDICTION/SALARY: Check all you will accept AS INDICATED BY SALARY.**

- |  |  |
|--|--|
| <input type="checkbox"/> 01-MOBILE COUNTY    \$ 22,937 - \$ 36,668<br><input type="checkbox"/> 03-PRICHARD    \$ 15,564 - \$ 24,132<br><input type="checkbox"/> 05-SARALAND    \$ 24,144 - \$ 38,598<br><input type="checkbox"/> 07-BAYOU LA BATRE    \$ 20,134 - \$ 32,188<br><input type="checkbox"/> 10-MT. VERNON    \$ 20,134 - \$ 32,188<br><input type="checkbox"/> 12-HEALTH DEPT    \$ 22,937 - \$ 36,668<br><input type="checkbox"/> 16-PRICHARD WATER    \$ 24,144 - \$ 38,598<br><input type="checkbox"/> 21-CREOLA    \$ 17,245 - \$ 27,570<br><input type="checkbox"/> 24-SATSUMA WATER    \$ 21,945 - \$ 35,083<br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> 02-CITY OF MOBILE    \$ 22,937 - \$ 36,668<br><input type="checkbox"/> 04-CHICKASAW    \$ 17,148 - \$ 26,616<br><input type="checkbox"/> 06-CITRONELLE    \$ 23,219 - \$ 37,119<br><input type="checkbox"/> 09-SATSUMA    \$ 21,945 - \$ 35,083<br><input type="checkbox"/> 11-MOBILE WATER    \$ 25,351 - \$ 40,528<br><input type="checkbox"/> 13-HOUSING BOARD    \$ 25,985 - \$ 41,541<br><input type="checkbox"/> 17-SARALAND WATER    \$ 24,144 - \$ 38,598<br><input type="checkbox"/> 22-BLB UTILITIES    \$ 24,144 - \$ 38,598<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|--|--|

Applicant Signature
Date

For Office Use Only:

CERTIFICATION NOTES

---



---



---



---

Items Received:

---

Analyst Initials                      Date