STATE OF ALABAMA DEPARTMENT OF VETERANS AFFAIRS DIRECTOR OF OUTREACH

APPLICATION FOR EMPLOYMENT

		"AN	EQUAL OPPORTU	JNITY EMPLOYER"	Date			
١.	Applying for Directo	or of Outreach position in	: Montgomery		County.			
3.	Full name			Soc. Sec. #				
	First	Middle	Last					
	Current Address	Street or Route		<u>C:</u>	Chata Zin Cala			
	Legal			City ephone # Home	State Zip Code			
	Residence	County	State	Work				
			R GOVERNMENT	AL REPORTING A	ND RECORDKEEPING PURPOSES:			
	SEX (Check One) 1 Male 2 Female	RACE (Check One 1 White 3 2 Black 4) Hispanic Asian/Pacific Islander	5 American Indian/A 6 Other	laskan Native			
	I am a registered vot	er in		County.				
		te of employment) ERS () Last Department/ Agency			
•	If you need special aids and/or services in order to accommodate a disability or health problem, (e.g., interpreters or reading devices), please indicate these requirements in the space below:							
		requirements in the space	, below:			,		
	()Yes ()N extenuating circums NOTE: A CRIMINA DISCLOSURE OF CRIMINAL HISTO FAILURE TO DISC	involuntarily terminated, o If you answered Yes tances. AL CONVICTION WILL A MISDEMEANOR CO RIES MAY BE SUBMI CLOSE A CONVICTION	discharged, forced or to the above questio NOT NECESSARII ONVICTION WILL TTED TO THE AL.	n, attach an explanatio AY BE A BAR TO CO NOT AUTOMATIC ABAMA BUREAU O DERED AS GROUND	n on a separate sheet noting any mitigat NSIDERATION FOR EMPLOYMENT. ALLY RESULT IN DISQUALIFICA F INVESTIGATION FOR VERIFICA S FOR DISQUALIFICATION. FOR T	ting c . TH TION TION TION		
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D. U. S. MILITAI Branch of Serv	RY SERVICE:	Were all disch	arges unde	r honorable condi	tions?()Yes()	No		
list all dates of activ	•							
	FROM			ТО				
	List the name, address, and telephone numbers of 3 pe							
. Work History with most recen	• This section must be compl nt):	leted regardless of whethe	er or not a		ed. (List last 3 empl	oyers, beginn		
1. <u>Current Em</u> a.	ployer	From	<u>To</u>	Ending <u>Rate of Pay</u>	Reason for <u>Leaving</u>			
	and Phone No							
c. Supervis	or	Phone #						
2. <u>Previous Er</u>		From	<u>To</u>	Ending <u>Rate of Pay</u>	Reason for Leaving			
a								

	b. Address and Phone No.						
	c. Supervisor	Phone #					
				Ending	Reason for		
3.	Previous Employer	From	<u>To</u>	Rate of Pay	Leaving		
	a						
	b. Address and Phone No.						
	c. Supervisor	Phone #					

- **NOTE:** All applicants for employment with the Alabama Department of Veterans Affairs are required to submit with the application G. for employment a photo static copy of all DD Form 214s for each period of service. Possible sources to obtain copies of DD Form 214s are: (1) County Probate Judge's Office (if recorded there); (2) VA Regional Office, Montgomery, Phone 1-800-827-1000; or (3) State Archives and History Department, Military Records Section, Phone (334) 242-4435.
- H. I understand that any false, or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application.

Signature of Applicant

Return completed application and Resume' to:

Commissioner, Alabama Department of Veterans Affairs P. O. Box 1509 Montgomery, AL 36102-1509