

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.

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| 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

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Emergency Contact

| | | | |
|------|---------|--------------|--------------|
| Name | Address | Phone Number | Relationship |
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