

# HAYS WEBB



## DISTRICT ATTORNEY

Sixth Judicial Circuit of Alabama  
714 Greensboro Avenue, Suite 410  
Tuscaloosa, Alabama 35401-1894  
205-349-1252

## Application for Employment

(Please Print)

*We consider applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.*

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address

City State Zip

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ ☐ Full-Time ☐ Part-Time

Dates available to work: \_\_\_\_\_

Please list any skills, qualifications, courses, or training you have that relate to the position(s) for which you are applying:

\_\_\_\_\_

Have you previously been employed by this office? ☐ Yes ☐ No Date: \_\_\_\_\_

Have you previously filed an application with this office? ☐ Yes ☐ No Date: \_\_\_\_\_

Do you have friends/relatives employed here? ☐ Yes ☐ No

If yes, please list names: \_\_\_\_\_

May we contact your current employer? ☐ Yes ☐ No

If no, please state reason: \_\_\_\_\_

Are you on "lay off" and subject to recall by another employer? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

Driver's License issuing state and number: \_\_\_\_\_

Have you had any moving violations within the past 5 years: ☐ Yes ☐ No

If yes, please list all violations, describing when/where/charge(s): \_\_\_\_\_

\_\_\_\_\_

Have you ever had your driver's license revoked?

☐ Yes ☐ No

If so, explain, stating when/where/charge: \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for or convicted of a misdemeanor crime?

☐ Yes ☐ No

If so, explain and state when/where/charge: \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for or convicted of a felony crime?

☐ Yes ☐ No

If so, explain and state when/where/charge: \_\_\_\_\_

\_\_\_\_\_

## Educational Background

High School:

Name of School	Address
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Course of Study	Years Completed	Did You Graduate?
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College:

Name of School	Address
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Course of Study	Years Completed	Did You Graduate?
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Post-Grad College:

Name of School	Address
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Course of Study	Years Completed	Did You Graduate?
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Other Education:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Special Skills and Qualifications

Please summarize special skills and qualifications acquired from employment or other experience that would relate to the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been involuntarily terminated (“fired”) from employment? ☐ Yes ☐ No

If so, state when, name of company or entity, and state reason for termination:

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## Agreement

*This office is an equal employment opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, national origin, age, or to any otherwise qualified person with a disability. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, national origin, or disability.*

*I understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired. I further understand that I am required for this position to submit fingerprinting and photographing by a law enforcement agency selected by the District Attorney's Office and that such prints and photographs shall be used to investigate my background relating to this job application.*

*I agree, understand, and authorize that this Office may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not. I authorize the persons or organizations referenced in this application to give this Office any and all information concerning my previous employment, education, credit history, criminal record, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage that may result from furnishing such information to this Office.*

*This certified that this application was completed by me, and that all information contained herein is true, correct, accurate, and complete, to the best of my knowledge, information, and belief.*

Printed Name of Applicant: \_\_\_\_\_

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

Date: \_\_\_\_\_