



## Applicant Data Form

The Alabama Cooperative Extension System is an equal opportunity employer and all applicants will be considered without discrimination for any non-merit reasons such as race, color, religion, sex, national origin, politics, marital status, disability, age or membership or non-membership in an employee organization.

**PRINT OR TYPE IN BLACK INK**

NAME	Last	First	Middle	Daytime Phone #	Type of Employment Desired (May check more than one) <input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time (less than 40 hours) Type of Position Desired (May check more than one): <input type="checkbox"/> Administrative <input type="checkbox"/> Clerical <input type="checkbox"/> Professional <input type="checkbox"/> Technical
Present Address	Street	City	State	Zip Code	
Other Names Previously Used Under Which Records May Be Located	Date Available		Minimum Salary Required		

**EDUCATION**

	Name of School	Circle Year Completed	Major	Graduate Yes/No	Degree Obtained
High School		8 9 10 11 12 GED			
Voc School		Fr. So. Jr. Sr.			
College					
Grad School					
Grad School					

**EMPLOYMENT HISTORY START WITH MOST RECENT, YOU MAY ATTACH AN ADDITIONAL SHEET OR RESUME IF YOU PREFER. HOWEVER, IT WILL NOT SUBSTITUTE FOR COMPLETION OF THIS SECTION**

Employment Dates	Hours Per Week	Name of Organization	Organization Address	Position Held	Immediate Supervisor	Salary	Reason for Leaving
From (Mo/Yr)	To (Mo/Yr)						

BRIEFLY DESCRIBE MAJOR DUTIES OR POSITIONS PREVIOUSLY HELD AND FURTHER DETAILS OF QUALIFICATIONS:

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**U.S. MILITARY EXPERIENCE**

Branch of Service	Date of Service From	To	Rank
Describe Any Training Received That You Feel Is Relevant:			

**OTHER INFORMATION AND SKILLS**

Licenses	Driver's License Number and State	<input type="checkbox"/> Multi-Line Telephone	<input type="checkbox"/> Dictaphone
Certifications		<input type="checkbox"/> Word Processing Software	
<input type="checkbox"/> Typing ____ WPM	<input type="checkbox"/> Shorthand ____ WPM	<input type="checkbox"/> Computer Programming Languages	
<input type="checkbox"/> Other Office Equipment		<input type="checkbox"/> Laboratory Equipment	
Other			
Have you ever been convicted of a crime (felony or misdemeanor including DUI) other than routine traffic citations? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give details. (Note: a criminal record is not necessarily a bar to employment. Each applicant is considered on an individual basis):			
Names of relatives employed by The Alabama Cooperative Extension System, Auburn University or Alabama A&M University:			
Have you ever been discharged or forced to resign from employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name of employer(s) and reason(s):			
Have you been previously employed by The Alabama Cooperative Extension System, Auburn University or Alabama A&M University: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list dates of employment:                      Title                      Department/unit                      Other name(s) under which you worked			
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> yes <input type="checkbox"/> no Proof of citizenship or immigration status will be required upon employment.			

**AGREEMENT**

I certify that the information on this application and in any other supporting documentation, resume, etc. is true and correct. I understand that any false information; willful or negligent misrepresentation, or failure to disclose any requested information will constitute grounds for Auburn University to initiate disciplinary action, up to and including termination.

I understand that the University will adhere to the provisions of the Fair Credit Reporting Act and other applicable state and federal statutes concerning the securing of information, handling, utilization, and release of information obtained in the pre-employment investigation.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also understand that I will have to complete an authorization and release of information consent form.

Selective Service Certification: I certify that I comply with the provisions of the United States Military Selective Service Act (50 U.S.C. App. 453) by having registered with the Selective Service Board or that I am not required by law to register.

By Signing Below, I certify that I have read and agree with these statements.

**APPLICANTS NAME**

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

\_\_\_\_\_  
Date

**INTERNAL USE ONLY**

Keyboarding Proficiency:      Certification or Licensure:      OPAC Scores: