Revised November, 2022

DO NOT WRITE IN THIS SPACE

APPLICATION FOR EXAMINATION

RETURN TO: STATE OF ALABAMA
PERSONNEL DEPARTMENT
64 NORTH UNION STREET
MONTGOMERY, ALABAMA 36130-4100
WWW.PERSONNEL.ALABAMA.GOV
FAX: (334)242-1110

General Instructions

A SEPARATE APPLICATION IS REQUIRED FOR EACH JOB. Do not write in shaded areas. Complete all parts of the application. Applications not properly completed will be returned. Photocopied and facsimile applications will be accepted.

ENTER LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER BELOW

☐ ☐ ☐ ☐

PRINT ALL INFORMATION LEGIBLY

Job Title of Examination (one per application): PROGRAMMER ANALYST II

Option (if applicable): 10516

Full Name _____
First Middle Last

Street Address _____

_____
City State County Zip Code E-mail

Telephone Number: Home _____ Cell _____ Work _____

The following information is required for governmental reporting or record keeping purposes:

Date of Birth _____ Sex (select one) ○ Male ○ Female

Race (select one) ○ White ○ Black ○ Hispanic ○ Asian ○ Native Hawaiian or Pacific Islander ○ American Indian or Alaskan Native ○ Two or More Races ○ Do Not Wish to Respond

EDUCATION:
High School Diploma or GED? Yes ○ No ○

CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED.
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ College 1 ☐ 2 ☐ 3 ☐ 4 ☐

ED | **LC**

PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. IF ONLINE, INDICATE BY *ASTERISK.

School Name	Location of School	Dates of Attendance From	To	Credit Hours Earned Sem	Qtr.	Did You Graduate? Yes	No	Type of Degree	Date	Major
						○	○			
						○	○			
						○	○			

PROFESSIONAL LICENSE OR CERTIFICATE

License/Certificate Issued By	Field/Trade/Specialization	License/Certificate No.	Issue Date	Expiration Date

LIST COURSES SUCCESSFULLY COMPLETED (AND HOURS EARNED) WHICH ARE PARTICULARLY RELATED TO POSITION (attach additional sheets, if needed)

CERTIFICATION STATEMENT

I hereby certify, under penalty of perjury, that all statements on or attached to this application are true, correct, and complete. I further agree and understand that any false or deceptive information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the State of Alabama and may prohibit me from being considered for future employment. I understand that all information on this application is subject to verification, and I consent to criminal history background, military service, and employment checks. I agree to allow my employer/prospective employer to receive a copy of my Alabama Background Check report through ALEA. If employed, I agree to electronic deposits of my payroll check and other state payments; and consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for any overtime hours worked. The State Personnel Department is not responsible for late receipt of applications due to mail service or faxing malfunctions.

Signature _____ **Date** _____

Your name may be removed from an employment register for any disqualifying reason.
AN EQUAL OPPORTUNITY EMPLOYER

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: ____ ____ ____ ____

List three independent persons, not relatives or present employer, who know you well enough to give information about you.

NAME	ADDRESS AND PHONE NUMBER	EMPLOYER

Should you need testing accommodations due to a health problem or disability, you must contact the State Personnel Department.

Have you ever been involuntarily terminated, discharged, forced to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job? ○ **Yes** ○ **No**

If you answered Yes to the above question, provide an explanation noting any mitigating or extenuating circumstances in the space below. If necessary, you may use a separate sheet or sheets and attach to the application.

Have you ever been convicted of a misdemeanor or felony crime? (including pleading guilty or nolo contendere, or attending pretrial diversion.) ○ Yes ○ No

If you answered Yes to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

Have you ever been known by any other name(s)? ○ **Yes** ○ **No** If **Yes**, what name(s)?

NOTE: THE DISCLOSURE OF A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT, EXCEPT AS REQUIRED BY LAW. ONCE QUALIFIED FOR A POSITION AND PLACED ON A REGISTER, THE EMPLOYING AGENCY MAY THEN DETERMINE IF THE APPLICANT'S DISCLOSED CRIMINAL CONVICTION IS DIRECTLY RELATED TO THE DUTIES FOR THE POSITION BEING CONSIDERED. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RÉSUMÉ IS ATTACHED.

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. **Each time you changed jobs or your title changed should be listed as a separate period.** Describe in detail your duties. (Attach additional sheets if needed.) **Providing salary information is optional.**

1. Current or Last Employer				Your Official Job Title	
Address				Type of Business	
FROM _____	TO _____	Total Months Worked _____	Number of Hours Per Week _____	Beginning Salary $_____ Per Select	Ending Salary $_____ Per Select
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated	
Name and Title of supervisor				Phone Number	
Reason for Leaving					
Describe Your Duties in Detail					

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: ____ ____ ____ ____

2. Employer				Your Official Job Title	
Address				Type of Business	
FROM _____	TO _____	Total Months Worked _____	Number of Hours Per Week _____	Beginning Salary $_____ Per Select	Ending Salary $_____ Per Select
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated	
Name and Title of Supervisor				Phone Number	
Reason for Leaving					
Describe Your Duties in Detail					

3. Employer				Your Official Job Title	
Address				Type of Business	
FROM _____	TO _____	Total Months Worked _____	Number of Hours Per Week _____	Beginning Salary $_____ Per Select	Ending Salary $_____ Per Select
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated	
Name and Title of Supervisor				Telephone Number	
Reason for Leaving					
Describe Your Duties in Detail					

4. Employer				Your Official Job Title	
Address				Type of Business	
FROM _____	TO _____	Total Months Worked _____	Number of Hours Per Week _____	Beginning Salary $_____ Per Select	Ending Salary $_____ Per Select
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated	
Name and Title of Supervisor				Telephone Number	
Reason for Leaving					
Describe Your Duties in Detail					

5. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS.

ENTER ALL NINE DIGITS OF SOCIAL SECURITY NUMBER: ____ ____ ____ - ____ ____ - ____ ____ ____ ____

COMPLETE THIS SECTION IF YOU ARE CLAIMING VETERAN'S PREFERENCE

If you claim Veteran's Preference, check the type below. Attach copies **(which will not be returned)** of the required documents to your application to support your claim.

1 ☐ Veteran (5 points) - Requires DD214 or document showing dates of service and type of discharge. **If this has been submitted previously and is on file with this office, you may disregard this requirement. Note: Must be active duty for other than training purposes.**

2 ☐ Disabled Veteran (10 points) - Requires DD214 or other document as above and letter of disability from V.A. dated within last 6 months. **V.A. letter must be kept updated until register is established or you lose the extra 5 points.**

3 ☐ Deceased Veteran's spouse (10 points) - Requires DD214 or other document as above and marriage and death certificates. Cannot be claimed if spouse remarries.

4 ☐ Disabled Veteran's spouse (10 points) - Requires DD214 or other document as above and V.A. letter of disability dated within last 6 months. Cannot be claimed unless still married to disabled veteran who because of this disability is not themselves qualified.

5 ☐ Permanently Disabled Veteran (10 points) - Requires DD214 or other document as above indicating veteran is permanently disabled or DD214 or other document and V.A. letter indicating permanent disability.

COMPLETE THIS SECTION IN ORDER TO BE SCHEDULED FOR WRITTEN EXAMS

Written exams will be given in the places below for which a sufficient number of applicants express preference. Indicate by number your 1st, 2nd and 3rd choices.

3	Birmingham	**6**	Jacksonville	**9**	Montgomery	**11**	Florence	**13**	Huntsville
5	Dothan	**8**	Mobile	**12**	Tuscaloosa	**14**	Troy	**15**	Auburn

If you qualify you will receive a notice showing the place and time you are to report for the exam.

Where did you learn of this job? (check all that apply)

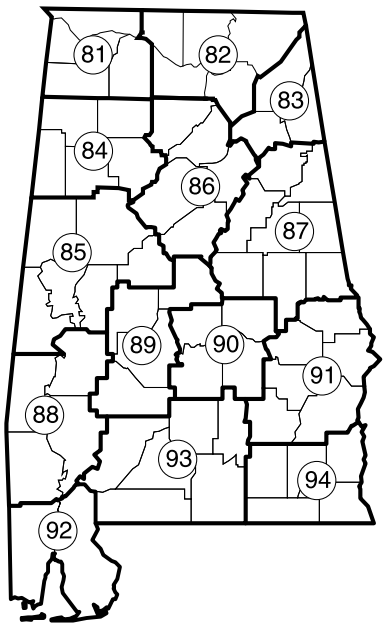
1 ☐	State Career Center	**5** ☐	Friend/Relative	**9** ☐	Legislative Representative	**13** ☐	TV/Radio Commercial
2 ☐	Job Announcement Notice	**6** ☐	Dept. News Bulletin	**10** ☐	State Recruiter / Counselor	**14** ☐	State Personnel Dept. Website
3 ☐	Newspaper	**7** ☐	Rehabilitation Services	**11** ☐	State Personnel Dept. Information Board	**15** ☐	Other Website
4 ☐	College Placement/Career Office	**8** ☐	High School Counselor	**12** ☐	Outreach Program (i.e. Church)	**16** ☐	Other _____

AVAILABILITY

81 - Northwest Alabama
17 Colbert
30 Franklin
39 Lauderdale
40 Lawrence

84 - Jasper/ Winfield Area
29 Fayette
38 Lamar
47 Marion
64 Walker
67 Winston

87 - East Central Alabama
08 Calhoun
09 Chambers
14 Clay
15 Cleburne
19 Coosa
56 Randolph
61 Talladega
62 Tallapoosa



90 - Montgomery Area
01 Autauga
26 Elmore
43 Lowndes
51 Montgomery

93 - South Central Alabama
07 Butler
18 Conecuh
20 Covington
21 Crenshaw
27 Escambia
50 Monroe

82 - Huntsville/ Decatur Area
36 Jackson
42 Limestone
45 Madison
48 Marshall
52 Morgan

85 - Tuscaloosa Area
04 Bibb
32 Greene
33 Hale
54 Pickens
60 Sumter
63 Tuscaloosa

88 - Southwest Alabama
12 Choctaw
13 Clarke
46 Marengo
65 Washington

91 - Phenix City Troy Area
03 Barbour
06 Bullock
41 Lee
44 Macon
55 Pike
57 Russell

94 - Dothan Area
16 Coffee
23 Dale
31 Geneva
34 Henry
35 Houston

83 - Northeast Alabama
10 Cherokee
25 Dekalb
28 Etowah

86 - Birmingham Area
05 Blount
22 Cullman
37 Jefferson
58 Shelby
59 St. Clair

89 - Selma/Clanton Area
11 Chilton
24 Dallas
53 Perry
66 Wilcox

92 - Mobile Area
02 Baldwin
49 Mobile

95 - Statewide (You will be considered for vacancies throughout the state. Relocation may be necessary)

Please answer the following questions with care. List in the spaces provided those areas of the state in which you would accept employment. You will be considered for employment only in the locations you indicate. You may choose a combination of up to seven counties and/or regions from the list above. If you list a region, you will be considered available for all counties in that region. The counties in each region are listed alphabetically below the region. You will not be considered for jobs involving overnight travel or shift work unless you so indicate.

List the numbers of up to 7 counties and/or regions where you are willing to work _____ _____ _____ _____ _____ _____ _____

Enter the earliest date you will be available to interview for employment. (Your name will not appear on a list of eligibles until this date.) _____

Will you accept work involving overnight travel? ◉ Yes ○ No

Will you accept part-time work? Yes ◉ No ◉

Will you accept temporary work? Yes ◉ No ◉

Will you accept conditional work? ◉ Yes ◉ No

Which shifts are you willing to work? **0.** ◉ **all shifts 1.** ◉ **1st only 2.** ◉ **2nd only 3.** ◉ **3rd only 4.** ◉ **1st and 2nd only 5.** ◉ **1st and 3rd only 6.** ◉ **2nd and 3rd only**

NOTE: Your name will be placed on inactive status for this class after declining three offers of employment consideration or failing to reply to an agency's inquiry concerning your availability. Your name may be restored to the active register by written request.

Clear Print Save