

APPLICATION FOR EMPLOYMENT

Alabama Commission on Higher Education
 100 North Union Street
 P.O. Box 302000
 Montgomery, AL 36130-2000
 www.ache.edu

Position: _____

Name _____
First Middle Last

Mailing Address: _____
Street and Number

City State Zip Code

Email Address: _____

() _____ () _____
Home Phone Cell

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

Date of Birth ____/____/____ Gender (Check One): Male _____ Female _____
Month Day Year

Race (Check 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 (Check Highest Obtained) High School _____ Some College _____ Certificate _____

Associate Degree _____ Bachelors _____ Masters _____ Doctorate _____

Name and Location of School	Year Graduated	Type of Degree	Major (If Applicable)	Year Awarded

CERTIFICATION STATEMENT

I hereby certify, under of 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 of my ability to be considered for employment. I understand that all information on this application is subject to verification

Signature _____