

2nd All 5/24/05

DO NOT WRITE IN THIS SPACE

2005 MAY 25 PM 3:35

APPLICATION FOR EXAMINATION

RETURN TO: STATE OF ALABAMA PERSONNEL DEPARTMENT 64 NORTH UNION STREET P O BOX 304100 MONTGOMERY, ALABAMA 36130-4100 WWW.PERSONNEL.STATE.AL.US

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.

AN EQUAL OPPORTUNITY EMPLOYER

ENTER SOCIAL SECURITY NUMBER BELOW.

3 3 2 - 5 6 - 1 8 3 2

Job Title of Examination (one per application): Youth Service Aide 60801 Option (if applicable):

Full Name Pamela Ann Welch Mailing Address P.O. Box 152 Thomasville AL Clarke 13 36789 Telephone Number: Home (334) 637-1293 Work ()

The following information is required for governmental reporting or recordkeeping purposes:

Date of Birth 03 21 69 Sex (check one) 1. () Male 2. (X) Female

Race (check one) 1. () White 2. (X) Black 3. () Hispanic 4. () Asian or Pacific Islander 5. () American Indian or Alaskan Native 6. () Other

EDUCATION: High School Diploma or GED? (X) Yes () No CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED. ED 22 LC

PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK.

Table with columns: Name and Location of School, Dates of Attendance, Credit Hours, Did You Graduate?, Type of Degree and Date, Major. Row 1: University of West AL, 8/2002 to present, 59, Yes, Expanded 2006, Sociology

PROFESSIONAL LICENSE OR CERTIFICATE

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

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

CERTIFICATION STATEMENT

I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I know that any false statements may cause me to be denied the chance for testing, to be removed from an employment register, or to be released from employment.

Signature Pamela A. Welch Date May 25, 2005

SOCIAL SECURITY NUMBER : 332-56-1832

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.		
NAME	ADDRESS AND PHONE NUMBER	EMPLOYER
Jennifer Hollins	JACKSON, AL (851) 246-4446	Ben Kelley Law Firm
Kevin Cox	605 McFadden, Ave Thomasville, AL (334) 636-9972	COX Trucking Co
Cherisa Mobley	Thomasville, AL (334) 637-1190	New Era Cap Co

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 or asked to resign from any job? Yes No Yes

If you answered Yes to the above question, attach an explanation on a separate sheet noting any mitigating or extenuating circumstances.

Have you ever been convicted of a misdemeanor or felony crime? () 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.

NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT, EXCEPT THAT A FELONY CONVICTION WILL BAR EMPLOYMENT IN A LAW ENFORCEMENT JOB; THE DISCLOSURE OF A MISDEMEANOR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION. 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.)

1. Current or Last Employer <u>Advance America Pay day Loan</u>					Your Official Job Title <u>ASST. Manager</u>			
Address <u>1621 Hwy 21 Bypass Monroeville</u>					Type of Business <u>Payday Loan</u>			
FROM Month <u>11</u>	Year <u>2004</u>	TO Month <u></u>	Year <u>2005</u>	Total Months <u>12</u>	Number of Hours Per Week <u>40</u>	Beginning Salary <u>\$ 7.50</u> Per <u>hr</u>	Ending Salary <u>\$ 9.00</u> Per <u>hr</u>	May we contact your employer? () Yes (<input checked="" type="checkbox"/>) No
Number / Title of Employees You Supervised On a Continuing Basis <u>1</u>					Equipment You Operated <u>Computer, Copying Machine</u>			
Name, Title and Telephone Number of Supervisor <u>Boyce Cleveland (251) 575-4208</u>					Reason for Leaving			
Describe Your Duties in Detail <u>Data entry, Filing, Loan approval, collections, money management and light cleaning duties.</u>								

YOUTH SERVICES AIDE - 60801

WILLINGNESS QUESTIONNAIRE

INSTRUCTIONS:

Please check the "yes" box by each working condition that you are willing and able to accept as your job responsibility as a Youth Service Aide with the Department of Youth Services. Please check the "no" box by each working condition that you are not willing and able to accept as your job responsibility.

Are You Willing and Able to:

1. yes no Monitor adolescents at all times?
2. yes no Accept shift work?
3. yes no Stay awake during entire shift duty?
4. yes no Work double shifts on occasions?
5. yes no Ensure all doors to dormitories and other facilities are locked at all times?
6. yes no Work with adolescents who are emotionally disturbed?
7. yes no Work with adolescents who have committed violent offenses?
8. yes no Work with adolescents who swear and use profanity on a regular basis?
9. yes no Work with adolescents who are homosexual?
10. yes no Work with adolescents who have AIDS or in a situation where you might be bitten or spit on by an adolescent with AIDS?
11. yes no Administer first aid to sick or injured adolescents?

12. yes no Work with adolescents who have contagious disease such as hepatitis B or venereal diseases?
13. yes no Learn first aid and CPR techniques?
14. yes no Assist in controlling disruptive adolescents?
15. yes no Monitor adolescents taking showers and going to the toilet?
16. yes no Work with adolescents with offensive body odors?
17. yes no Tolerate loud noise and crowded conditions?
18. yes no Tolerate verbal abuse?
19. yes no Accompany adolescents on off-campus trips?
20. yes no Maintain self-control over emotions at all times?
21. yes no Assist in breaking up fights?
22. yes no Work under stuffy, humid, and warm environmental conditions?
23. yes no Complete forms and other paperwork?
24. yes no Operate two-way radio?
25. yes no Restrain disruptive adolescents?
26. yes no Deal with sexual harassment?
27. yes no Transport/Drive adolescents to off-campus sites?
28. yes no Work rotating shifts?
29. yes no Accept rotating off days?
30. yes no Work in a locked-ward atmosphere?

Signature

Pamela A. Welch

Social Security Number

332-56-1832

SOCIAL SECURITY NUMBER : 3 3 2 - 5 6 - 1 8 3 2

2. Employer <u>Thomasville Infirmary</u>					Your Official Job Title <u>Certified Nurses ASST.</u>		
Address <u> Hwy 43 N. Thomasville, Al</u>					Type of Business <u>Hospital</u>		
FROM Month Year <u>02 2001</u>	TO Month Year <u>05 2004</u>	Total Months <u>33</u>	Number of Hours Per Week <u>16-42</u>	Beginning Salary <u>\$6.20 Per hr</u>	Ending Salary <u>\$6.75 Per hr</u>	May we contact your employer? <input checked="" type="checkbox"/> Yes () No	
Number / Title of Employees You Supervised On a Continuing Basis <input type="checkbox"/>					Equipment You Operated		
Name, Title and Telephone Number of Supervisor <u>Lisa Simms (334) 636-4431</u>					Reason for Leaving <u>Terminated while under doctors care</u>		
Describe Your Duties in Detail <u>Provide personal and light wound care to hospitalized patients. I also monitored vital signs, intake and outputs for the doctors & nursing staff.</u>							

3. Employer <u>Southwest Mental Health</u>					Your Official Job Title <u>Residential worker</u>		
Address <u>Grove Hill, Al</u>					Type of Business <u>Group Home & day treatment</u>		
FROM Month Year <u>7 1999</u>	TO Month Year <u>12 2001</u>	Total Months <u>24</u>	Number of Hours Per Week <u>40-46</u>	Beginning Salary <u>\$5.75 Per hr</u>	Ending Salary <u>\$6.20 Per hr</u>	May we contact your employer? <input checked="" type="checkbox"/> Yes () No	
Number / Title of Employees You Supervised On a Continuing Basis <input type="checkbox"/>					Equipment You Operated <u>Passenger Van</u>		
Name, Title and Telephone Number of Supervisor <u>Tonjara Jackson</u>					Reason for Leaving <u>Medical Reason (had surgery)</u>		
Describe Your Duties in Detail <u>I instructed client in mental Group Home setting classes that would aide them in living in society. I taught money management, sex education, medication management, conflict resolution, cooking, cleaning and personal hygiene.</u>							

4. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No	
Number / Title of Employees You Supervised On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties in Detail							

