

LAMB COUNTY EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is Lamb County's policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status or any other classification protected by law.

Employees of Lamb County are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

Name: <small>(as it appears on Social Security card/Work permit card)</small>	
Social Security Number	
Address	
City, State, Zip	
Home Number	
Cell Number	
Driver's license number	State:

Position applied for:		Salary Requirements:	\$
Referred by:		Date Available:	
Are you willing to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			
Have you ever been employed by Lamb County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When?		Department:	

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give location, date, charge and disposition of case(s) on separate page.
Are you legally eligible to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information.

From: _____ To: _____ Branch of Service _____
 Dates Served _____ Type of Discharge _____

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED				UNITS COMPLETED	DEGREE	MAJOR
				9	10	11	12			
HIGH SCHOOL										
COMMUNITY or JUNIOR COLL					1	2				
					1	2				
BUSINESS OR TRADE SCHOOL					1	2				
COLLEGE or UNIVERSITY					1	2	3	4		
					1	2	3	4		
					1	2	3	4		
GRADUATE SCHOOL										

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, disability or veteran status

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

PLEASE USE THIS SPACE TO EXPLAIN EMPLOYMENT HISTORY INTERRUPTIONS SINCE HIGH SCHOOL THAT DO NOT PERTAIN TO PREGNANCY, CHILD CARE, DISABILITY OR ANY OTHER PROTECTED ACTIVITY.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Relationship _____
(No Relatives)

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Relationship _____
(No Relatives)

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Relationship _____
(No Relatives)

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Relationship _____
(No Relatives)

EMERGENCY CONTACT

Name _____ Relationship _____
Address _____ City, State, Zip _____
Home Phone _____ Business Phone _____

AUTHORIZATION AND AGREEMENT

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the immigration and Naturalization Services.

Lamb County is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Lamb County Treasurer.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirement of the Peace Officer Standards and Training board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by Lamb County neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by Lamb County at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____

LAMB COUNTY

FAIR CREDIT REPORTING ACT

Disclosure and Authorization Statement

To: All Applicants for Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand Lamb County, its representatives, employees or agents may obtain a consumer report and investigate consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgement, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether and investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize Lamb County to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigative process. If I am offered employment, I further authorize my employer to obtain additional consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is a valid as the original.

Name (Please Print)

Signature

Date Signed