



LAMB COUNTY
EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Lamb County complies fully with all federal, state, and local equal employment opportunity laws. Employment and advancement opportunities are provided without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other protected classification.

Employees of Lamb County are selected to fulfill the legal and operational duties established by statute and the policy choices of the County's elected officials. Each employee is expected to conduct themselves in a manner reflecting integrity, professionalism, and respect for public service.

Applicant Information

Full Legal Name (as on Social Security/Work Permit Card): _____

Current Address: _____

City/State/Zip: _____

Cell Phone: _____ Email: _____

Driver's License No.: _____ State: _____ Expiration Date: _____

Are you at least 18 years old? ☐ Yes ☐ No Are you legally eligible to work in the U.S.? ☐ Yes ☐ No

Position and Availability

Position Applied For: _____ Department: _____

Date Available: _____ Desired Salary: \$ _____ per ☐ Hour ☐ Year

Type of Employment Desired: ☐ Full-Time ☐ Part-Time ☐ Temporary/Seasonal

How were you referred to Lamb County? _____

Have you ever been employed by Lamb County? ☐ Yes ☐ No

If yes, Dates: _____ Department: _____

Reason for Separation: ☐ Termination ☐ Resignation ☐ Layoff/Downsize ☐ Relocation ☐ Seasonal

☐ Other: _____



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Employment History. List your last three employers, starting with the most recent. Include U.S. Military Service and any unpaid/volunteer work. Base Salary does not include overtime, bonuses, or commissions.

From (mo/yr) _____ / _____ to (mo/yr) _____ / _____	TOTAL _____ Yrs. _____ Mos.
Position: _____	Type of Business: _____
Employer: _____	Supervisor: _____
Phone Number: _____	Address: _____
Base Salary: Start _____ Final _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
Other Compensation/Bonuses/Benefits: _____	
Reason for Separation: <input type="checkbox"/> Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff/Downsize <input type="checkbox"/> Relocation <input type="checkbox"/> Seasonal <input type="checkbox"/> Other: _____	

From (mo/yr) _____ / _____ to (mo/yr) _____ / _____	TOTAL _____ Yrs. _____ Mos.
Position: _____	Type of Business: _____
Employer: _____	Supervisor: _____
Phone Number: _____	Address: _____
Base Salary: Start _____ Final _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
Other Compensation/Bonuses/Benefits: _____	
Reason for Separation: <input type="checkbox"/> Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff/Downsize <input type="checkbox"/> Relocation <input type="checkbox"/> Seasonal <input type="checkbox"/> Other: _____	

From (mo/yr) _____ / _____ to (mo/yr) _____ / _____	TOTAL _____ Yrs. _____ Mos.
Position: _____	Type of Business: _____
Employer: _____	Supervisor: _____
Phone Number: _____	Address: _____
Base Salary: Start _____ Final _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
Other Compensation/Bonuses/Benefits: _____	
Reason for Separation: <input type="checkbox"/> Termination <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff/Downsize <input type="checkbox"/> Relocation <input type="checkbox"/> Seasonal <input type="checkbox"/> Other: _____	



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Criminal and Arrest History

Have you ever been arrested, charged with/indicted for, or convicted of **any** offense, including being placed on deferred adjudication, probation, or dismissal following probation (except minor traffic violations)? ☐ Yes ☐ No

If yes, provide details below (date, jurisdiction, charge, disposition, and explanation):

Have you ever been involved in any matter related to moral turpitude (including dishonesty, fraud, theft, or offenses involving abuse or neglect)? ☐ Yes ☐ No

If yes, please explain:

Have you ever been convicted of a felony offense? ☐ Yes ☐ No

If yes, provide details below (date, jurisdiction, charge, disposition, and explanation):



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References (No Relatives)

Name: _____	Relationship: _____
Address: _____	City/State/Zip: _____
Daytime Phone: _____	E-Mail: _____

Name: _____	Relationship: _____
Address: _____	City/State/Zip: _____
Daytime Phone: _____	E-Mail: _____

Name: _____	Relationship: _____
Address: _____	City/State/Zip: _____
Daytime Phone: _____	E-Mail: _____

Name: _____	Relationship: _____
Address: _____	City/State/Zip: _____
Daytime Phone: _____	E-Mail: _____

Emergency Contact

Name: _____	Relationship: _____
Address: _____	City/State/Zip: _____
Phone: _____	E-Mail: _____



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U.S. Military Service

Branch of Service	Dates of Service (From-To)	Rank at Discharge	Type of Discharge	Duties/Training Received

Education / Skills

Educational Level	Name/Location of School	Indicate Years/Degree Completed	Description/Area of Study
High School		9 10 11 12 GED	
Comm./Junior College		1 2 <input type="checkbox"/> Assoc.	
Business/Trade School		1 2 3 4	
College/University		1 2 3 4 <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> _____	
Graduate School		<input type="checkbox"/> Master's <input type="checkbox"/> Professional <input type="checkbox"/> Doctoral <input type="checkbox"/> Specialist	

Computer Software Skills

Software / Program	Purpose or Use	Years of Experience	Level of Proficiency
	Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
	Spreadsheet/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
	Other:		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

Licenses / Certifications

License or Certification	Issuing Authority	Date Issued	License Number	Expiration Date

Job-Related Training or Courses

Course Title	Provider / Institution	Date Completed	Description or Skills Gained

Professional/Civic Organization(s): _____



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Notice under Section 504 and the Americans with Disabilities Act (ADA):

Lamb County does not discriminate against qualified applicants with disabilities and will provide reasonable accommodation during the application, hiring, and employment process as required by law. Applicants who believe they need accommodation to complete the application or interview process may contact the Lamb County Treasurer's Office at (806) 385-4222, ext. 204, for assistance.

Applicant Authorization and Agreement

I certify all information provided in this application is true and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of any information may result in rejection of my application or termination of employment. I authorize Lamb County to verify all statements contained herein and to obtain employment references, criminal background reports, motor vehicle records, and any other reports necessary to determine my suitability for employment.

I understand that withholding pertinent information or submitting false/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 County shall not be liable in any respect if my employment is so denied or terminated.

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 to verify my identity and work authorization in accordance with the requirements of federal law.

I understand and agree that if I am applying for a law enforcement or jail position, I must comply with all requirements of the Texas Commission on Law Enforcement (or equivalent agency). I further understand any offer of employment is conditioned upon completing all required tests, including physical agility, to determine fitness for the position.

I acknowledge employment with Lamb County is at-will and may be terminated at any time, with or without cause or notice, by either party. I further acknowledge this application and any offer of employment do not constitute a contract of employment.

Signature of Applicant: _____ Date: _____

Fair Credit Reporting Act Disclosure and Authorization

I understand Lamb County may obtain consumer or investigative reports regarding my background, character, employment history, credit history, or criminal record for employment purposes. I authorize Lamb County to obtain such reports at any time before or during my employment, if applicable. I understand that upon written request, I may be informed whether a report has been requested and provided information about its nature and scope.

Signature of Applicant: _____ Date: _____