

Lamar County

Application for Employment

Position Desired: _____ [Full time [Part time Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and Lamar County has the same right. No one other than the County Administrator, Constitutional Officer or Board of Commissioners has authority to modify this relationship or make any agreements to the contrary. Any such modification or agreement must be in writing.

I understand that Lamar County reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I authorize Lamar County to investigate my driving record, my criminal record and my credit history, and I understand an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that Lamar County may contact my previous employers and I authorize those employers to disclose to Lamar County all records and other information pertinent to my employment with them. I also authorize Lamar County to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date Signature of Applicant

Name: _____ Social Security No. _____

Current Address: _____ How long? _____

Previous Address: _____ How long? _____

Telephone No. _____ Are you 18 yrs of age or older? [] yes [] no

Have you ever worked for this company before? [] yes [] no If yes, dates & position: _____

Do you have any friends or relatives working here? [] yes [] no If yes, name & relation: _____

How would you get to and from work? _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? [] yes [] no If yes, please give date and details of each: _____

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military services and any period of unemployment. If self-employed, give firm name and supply business references.

Employer	Supervisor/Phone	
Address		
Dates Employed	Starting Pay	Ending Pay
Title/Position	Reason for Leaving	

Employer	Supervisor/Phone	
Address		
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Address		
Dates Employed	Starting Pay	Ending Pay
Title/Position	Reason for Leaving	

Have you ever been terminated or asked to resign from any job? yes no If yes please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? yes no If no please explain: _____

Please indicate any actual experience that you have which you feel is relevant to the position for which you are applying: _____

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study/Major	Describe Training, Experience & Skills
Middle School	6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade/Correspondence				
Other				

EMERGENCY INFORMATION

In case of an accident or other emergency, who would we contact?

Name: _____ Relationship: _____

Home Address: _____ Telephone: _____

Work Address: _____ Telephone: _____

PERSONAL REFERENCES

Please list persons who know you well – not previous employers or relatives.

Name	Occupation	Telephone	# of Years Known

DRIVING INFORMATION

Do you have a current driver’s license? yes no If yes please list state: _____

License No. _____ Expiration Date: _____

Has your driver’s license ever been suspended or revoked? yes no If yes please explain the circumstances: _____

Do you have personal automobile insurance? yes no Name of Insurance Co. _____

Has your personal automobile insurance ever been canceled? yes no If yes please explain the circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? yes no If yes please explain the circumstances and outcome: _____

Please list all moving traffic violations in the last 5 years:

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Applicant

Date