

# 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.

**\*Application must be filled out completely in order to be considered\***

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? \_\_\_\_\_

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### 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	

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

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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

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.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date