

Lawrence County Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____
Last Name	First Name		Middle Name	
Address	Number	Street	City	State
Telephone Number (s)			Social	Security
			Number	
Best time to contact you at home is.....:_____ AM :_____ PM				
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever filed an application with Lawrence County before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, give date: _____				
Have you ever been employed with Lawrence County before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, give date: _____				
Do any of your friends or relatives work here? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please give name of relatives. _____				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Proof of citizenship or immigration status will be required upon employment</i>				
Date available for work ____/____/____ What is your desired salary range? _____				
Are you available to work: <input type="checkbox"/> Full Time (please indicate 1 2 3 Shift)				
<input type="checkbox"/> Part Time (please indicate Mornings Afternoon Evenings)				
<input type="checkbox"/> Temporary/Seasonal (please indicate dates available ____/____/____ - ____/____/____)				
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills / Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)	Commercial Drivers License
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____	Class: _____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____	Endorsements: _____
WPM _____	WPM _____	_____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES:

1.	(Name)	(City)	(State)	(Zip Code)	()	Phone#
	(Address)	(City)	(State)	(Zip Code)		
2.	(Name)	(City)	(State)	(Zip Code)	()	Phone#
	(Address)	(City)	(State)	(Zip Code)		
3.	(Name)	(City)	(State)	(Zip Code)	()	Phone#
	(Address)	(City)	(State)	(Zip Code)		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES NO

Remarks: _____

Interviewer

Date

Employed: YES NO Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

BY: _____
Name & Title _____ Date _____

CONSENT TO REFERENCE CHECK

We want you to know that we will be checking your references as part of our hiring process. This may include contacting your former employers, as well as references listed on your application. We may ask a series of questions about your personal background, work experience, character, education and personality.

After reading this policy; please indicate your agreement by signing in the space provided:

I have read and fully understand the foregoing and voluntarily consent to allow

_____ to check my references by contacting any person whom they deem to be an appropriate reference. Questions may be asked about my personal background, work experience, personality, personal habits and education.

Signature of Applicant

Date

WAIVER

In consideration of this application for employment with Lawrence County, the applicant hereby authorizes the Lawrence County Commission, or its assigns, to conduct a background check of the applicant's past criminal history and past and current motor vehicle records. I authorize the Lawrence County Sheriff, or other law enforcement agencies, to obtain and release this history to the Lawrence County Commissioners, or its assigns.

Please state the date, nature and disposition of any criminal or traffic violations filed against you in the past ten years.

Signature

Birth Date

Social Security No.

VOLUNTARY INFORMATION

Applicants are considered for positions without regard to race, color, creed, age, sex, disability, affectional preference, national origin, veteran's status or any other non-merit factors.

To help us comply with governmental recordkeeping, reports and other legal requirements, we request that you complete this VOLUNTARY INFORMATION form. We appreciate your cooperation.

This information will be kept in a confidential file separate from your application for employment and will not be considered in hiring decisions.

Name _____ Date _____

Position Applied For _____

Date of Birth _____/_____/_____ Check One: _____ Male _____ Female

Race/Ethnic Group: _____ Asian/Pacific Islander _____ Black _____ Hispanic

_____ Native American/Alaskan Native _____ White

Check if Applicable: _____ Veteran _____ Disabled Veteran _____ Vietnam Era Veteran

Dates of Service: From _____/_____/_____ To _____/_____/_____

Branch _____

PERSONS WITH DISABILITIES

If you have a physical or mental impairment that substantially limits one or more major life activities, if you have a record of such impairment or if you are regarded as having such an impairment, we invite you to identify yourself.

As an employer and government contractor, Lawrence County is subject to the Americans with Disabilities Act (ADA) and to Section 504 of the Rehabilitation Act of 1973 as amended. Persons with disabilities are given consideration under our affirmative action program. You may provide this information if you wish; choosing not to provide it will not result in adverse action.

Describe Disability _____

If you require special testing or interviewing procedures, please describe _____
