

Lipscomb County

Application for Employment

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

(Please **PRINT** Legibly)

Position Applied for:		Date of Application:	
Last Name	First Name	Middle Name	
Residence Address	City	State	ZIP
Mail Address (if different)	City	State	ZIP
Social Security No.	Home Phone	Alternate Phone	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you previously filed an application with the County of Lipscomb? .
If yes, give date: _____

Yes

No

Have you previously been employed with the County of Lipscomb?

Yes

No

If yes, give date: _____

Do you have any friends or relatives working for the County of Lipscomb?

Yes

No

If yes, who, and which departments: _____

Are you currently employed?

Yes

No

If so, may we contact your present employer?

Yes

No

Are you lawfully prevented from being employed in this country because of Visa or Immigration Status?

Yes

No

(Note: Proof of citizenship will be required upon employment.)

Date available for work: _____ Desired Salary: \$ _____

Are you currently on "lay-off" status or subject to recall?

Yes

No

Can you travel if required by the job?

Yes

No

Employment Experience

Print Last Name: _____

Start with your most recent or current job first. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. You may substitute a resume and fill in only requested information that is not on your resume.

Dates Employed	From	To	Hourly Pay Rate	From	To
1.	Employer: _____		Job Title: _____		
Address: _____		Supervisor's Name: _____			
Telephone Number(s): _____		Reason for Leaving: _____			
Work Performed: _____					

Dates Employed	From	To	Hourly Pay Rate	From	To
2.	Employer: _____		Job Title: _____		
Address: _____		Supervisor's Name: _____			
Telephone Number(s): _____		Reason for Leaving: _____			
Work Performed: _____					

Dates Employed	From	To	Hourly Pay Rate	From	To
3.	Employer: _____		Job Title: _____		
Address: _____		Supervisor's Name: _____			
Telephone Number(s): _____		Reason for Leaving: _____			
Work Performed: _____					

Dates Employed	From	To	Hourly Pay Rate	From	To
4.	Employer: _____		Job Title: _____		
Address: _____		Supervisor's Name: _____			
Telephone Number(s): _____		Reason for Leaving: _____			
Work Performed: _____					

If you need additional space, attach a separate sheet of paper.

Education

You may substitute a resume` and fill in any requested information not on your resume`.

Print Last Name: _____

Education	Name & Address of School	Years Completed	Major Course of Study	Diploma or Degree (e.g., BA Business)
High School				
College				
Other (be specific)				

Describe any beneficial training, specialized skill, apprenticeship, or pertinent extra-curricular activity.

Describe any job related training received in the United States military.

Additional Information

Print Last Name:

List professional, trade, business or civic activities & the office(s) held.

Describe other Qualifications, such as any job-related skills & experience, not previously provided.

Specialized Skills

(Check Skills & Equipment you know how to operate)

- | | | | | |
|------------------------------------|---|-------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Terminal | <input type="checkbox"/> Spreadsheet/Database | <input type="checkbox"/> Typewriter | <input type="checkbox"/> Fax | <input type="checkbox"/> Copier |
| <input type="checkbox"/> PC/Laptop | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Shorthand | <input type="checkbox"/> Typing (WPM) _____ | |

Production/Mobile Machinery:

Others:

_____	_____	_____
_____	_____	_____

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

A review of the activities involved in such a job or occupation has been given. ☐ Yes ☐ No

Are you capable of performing, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ☐ Yes ☐ No

References: Please provide three references.

1. Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____
2. Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____
3. Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

Applicant's Statement

Print Last Name: _____

I certify that my 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. I understand and agree that a final step prior to employment may be authorization of a background investigation.

This application for employment shall be considered active for a period not to exceed 45 days. If I wish to be considered for employment beyond this period I will 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 I may resign at any time and the County may discharge me 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 an authorized executive of this organization specifically acknowledges such change in writing.

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

Signature of Applicant

Date

FOR EMPLOYER USE ONLY

Position(s) Applied For: _____

Position Open: ☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Position(s) Considered For: _____

Today's Date: _____

List of Interviews by Department and date(s).

1. Date _____	Department # _____	Interviewer _____
2. Date _____	Department # _____	Interviewer _____
3. Date _____	Department # _____	Interviewer _____