

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, 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"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First name	Middle Name	
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a misdemeanor or a felony? Yes No

If Yes, please explain _____

LAFAYETTE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	

Special Skills and Qualifications

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

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military?

Yes No

If Yes, please describe _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Dates Employed		Employer	Telephone Numbers(s)	
From	To			
		Address	Job Title	Supervisor
Hourly Rate/Salary		Reason for Leaving		
Starting	Final			
		Work Performed		

Dates Employed		Employer	Telephone Numbers(s)	
From	To			
		Address	Job Title	Supervisor
Hourly Rate/Salary		Reason for Leaving		
Starting	Final			
		Work Performed		

Dates Employed		Employer	Telephone Numbers(s)	
From	To			
		Address	Job Title	Supervisor
Hourly Rate/Salary		Reason for Leaving		
Starting	Final			
		Work Performed		

Dates Employed		Employer	Telephone Numbers(s)	
From	To			
		Address	Job Title	Supervisor
Hourly Rate/Salary		Reason for Leaving		
Starting	Final			
		Work Performed		

Dates Employed		Employer	Telephone Numbers(s)	
From	To			
		Address	Job Title	Supervisor
Hourly Rate/Salary		Reason for Leaving		
Starting	Final			
		Work Performed		

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
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 of 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 _____

Hourly Rate/

Job Title _____ Salary _____ Department _____

By _____

Name and Title

Date

Notes _____

