

APPLICATION FOR EMPLOYMENT

The County of Lawrence is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits.

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include and interview, an employment examination or test, and demonstration of an ability to perform the essential functions of the job. Successful completion of Drug Test.

Prior to completing this Application be sure to read the JOB DESCRIPTION of the position for which you are applying. As you complete this Application, please bear in mind the following:

We reserve the right to check all information for accuracy and completeness.
All applications for employment are a matter of public record.

GENERAL INFORMATION

Date: _____ Position desired: _____

Are you applying for: _____ full time _____ part time

If part time, what days/hours are you available: _____

Have you applied with the County before: _____ yes _____ no

Have you been employed by the County before: _____ yes _____ If yes give department and dates worked: _____

PERSONAL INFORMATION

Your Name: _____
First Middle Last

Phone: Home () _____ Business () _____

Address: _____
Number Street

_____ City State Zip Code

Do you have a legal right to work in the US? _____ yes _____ no

Are you over the age of 18? _____ yes _____ no

Have you ever been convicted of a felony? (Note this may be relevant if job-related, but does not bar you from employment): _____ yes _____ no

If yes, please explain: _____

Driver's License number (if job requires you to operate a Government Vehicle).

_____ State

High School attended: _____

_____ City

_____ State

Do you have a high school diploma: _____ yes _____ no?

Please list below other education you have received:

College/University/Trade or Business Schools Attended: _____

City/State: _____

Degree Earned / Type Degree (A.S.-B.A.-B.S.) _____

Major Area of Study: _____

College/University/Trade or Business Schools Attended: _____

City/State: _____

Degree Earned / Type Degree (A.S.-B.A.-B.S.) _____

Major area of Study: _____

College/University Attended: _____

City/State: _____

Graduate Degree/Type Degree (M.S.-M.A.-MBA. ect.) _____

Major Area of Study: _____ Year Degree Received: _____

List other training received (special courses, work training programs, armed forces training, ect.) _____

List special qualifications and skills (licenses, skills with machines, heavy equipment, computers, publications, ect.) _____

List last school or course completed: _____

PRIOR EMPLOYMENT RECORD

List below all present and past employment information and/or substantive volunteer work:

Name and address of current or most recent employer: _____

Phone number: _____ Your Supervisor _____

Your job title/responsibilities: _____

Date hired: _____ Date left: _____

Reason for leaving: _____

Starting Salary: _____ Ending Salary: _____

May we contact this employer: _____ Yes _____ No _____

Name and address of previous employer: _____

Phone number: _____ Your Supervisor _____

Your job title/responsibilities: _____

Date hired: _____ Date left: _____

Reason for leaving: _____

Starting Salary: _____ Ending Salary: _____

May we contact this employer: _____ Yes _____ No

Name and address of previous employer: _____

Phone number: _____ Your supervisor: _____

Your job title/responsibilities: _____

Date hired: _____ Date Left: _____

Reason for leaving: _____

Starting Salary: _____ Ending Salary: _____

May we contact this employer: _____ Yes _____ No

Based on the job description of the position for which you are applying: _____

Are you able to perform the essential functions of the job for which you have applied
(Note you may later be ask to demonstrate your ability to perform the essential
functions)?

_____ Yes, but I will need reasonable accommodations in order to perform the essential
functions.

_____ Yes, and I will not need reasonable accommodations in order to perform the
essential functions.

Please describe any accommodations you will need in order to adequately perform the essential functions of the position: _____

REFERENCES

Please, list three persons, other than relatives or former employers who have knowledge of your character and/or abilities:

Name: _____

Mailing Address: _____

Years Known: _____ Phone Number: _____

Name: _____

Mailing Address: _____

Years Known: _____ Phone Number: _____

Name: _____

Mailing Address: _____

Years Known: _____ Phone Number: _____