

## 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 an 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 ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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Date hired: \_\_\_\_\_ Date left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

May we contact this employer: \_\_\_\_\_ Yes \_\_\_\_\_ No

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Name and address of previous employer: \_\_\_\_\_

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Phone number: \_\_\_\_\_ Your supervisor: \_\_\_\_\_

Your job title/responsibilities: \_\_\_\_\_

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Date hired: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

May we contact this employer: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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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: \_\_\_\_\_

## **IMPORTANT**

I, authorize you to request, receive, and verify all information given in this application.

In consideration for my employment by the County Government, I agree to conform to the rules and regulations of the County set forth in the County's employee handbook and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I further acknowledge that if employed by the employer, my employment will be at will, and may be terminated with or without cause at any time by me or by the employer.

I understand that no representative of the County has any authority to enter to any agreement for employment for any specified period of time or to assure and benefits or terms and conditions of employment: other than those set forth in the employee handbook, either prior to commencement of employment or after I have become employed.

I consent to a physical examination, which includes a drug test, if a job offer is made to me.

I here affirm that the information provided on this application (resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or other whom I have indicated may be contacted.

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Applicant Signature

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Date