

APPLICATION FOR EMPLOYMENT

Lubbock County

P.O. Box 10536

Lubbock, Texas 79408

Print in black ink or type. Fill out the application form completely, if questions are not applicable, enter "NA". Attach all transcripts.

PERSONAL DATA:				
Last Name		First	Middle	Date
Street Address:				Home Telephone: ()
City, State, Zip:				Business Telephone: ()
Position Applied For:				Social Security #:
Salary Expected:	Date Available for Work:	Do you possess a valid Texas Driver's License? Yes () No ()		Driver's License # (Voluntary) State:
Type of Work Desired : Part-time () Full-time ()		Shift Work: Yes () No () If Yes, Shift Preferred: Morning () Afternoon () Midnight () Any ()		
Do you possess liability car insurance? Yes () No ()			Insurance Company:	
Are you a citizen of the United States or are you lawfully admitted for residence in the United States: Yes No				
Have you ever been convicted of a crime? If yes, describe charges and penalties: (A conviction will not automatically disqualify the applicant from employment.)				

EDUCATION:					
SCHOOL	NAME /LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE? Circle One	DEGREE/DIPLOMA RECEIVED
GRADUATE				YES	
				NO	
COLLEGE				YES	
				NO	
BUSINESS/ TRADE/ TECHNICAL				YES	
				NO	
HIGH SCHOOL				YES	
				NO	

PROFESSIONAL MEMBERSHIPS:			
Exclude those which may disclose your race, color, religion, national origin or disability.			

MILITARY SERVICE:			
Did you serve in the Armed Forces? CIRCLE ONE Yes No	Branch of Service:	Dates of Service:	Type of Discharge:

RELEVANT TRAINING/CERTIFICATIONS:	
List job related training or certificates you have:	

EMPLOYMENT RECORD:

Beginning with the most recent, list all employment for the past ten years. Explain gaps in employment. Resumes may not be submitted in place of employment history, but may be attached as a supplement. Volunteer or unpaid experience should also be listed.

Employer: Telephone: Mailing Address: City & State:	Type of Business	Full Time: _____ Part Time: _____ Seasonal: _____	Hrs. Worked per Week:
Starting Date: Mon: Yr:	Leaving Date: Mon: Yr:	Starting Base Salary:	Ending Base Salary:
Reason for Leaving:		Immediate Supervisor:	
Duties and Responsibilities:		Okay to Contact Yes No	

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Reason for Leaving:		Immediate Supervisor:	
Duties and Responsibilities:		Okay to Contact Yes No	

REFERENCES:

NAME	ADDRESS	OCCUPATION	TELEPHONE

READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made and answers given by me to the questions on this form are true and correct and that there are no omissions. I understand that any evasion, untruthful statement, answer, or omission shall be sufficient cause for discharge at any time. I hereby release all doctors, medical personnel, and elected officials from all liability claims and damages in connection with furnishing any information to the County of Lubbock. I hereby request and authorize the companies or persons shown under "Employment History" or other interested parties not necessarily named in the foregoing application to furnish the County of Lubbock any information regarding my employment by them together with any information they may have regarding me, including motor vehicle records, military records, financial status, criminal record, and general reputation, and I hereby release such companies or person, the County of Lubbock, its management and appointed or elected officials from all liability, claims and damages in connection with the furnishing of such information. I further acknowledge that my employment may be terminated, and any offer for employment if such is made, may be withdrawn with or without cause, at the option of the County or myself. I further acknowledge that the foregoing completed application form does not in any way constitute a contract of employment.

REFERENCE CHECK AUTHORIZATION

I hereby request and authorize all persons, schools, companies, credit bureaus, corporations, law enforcement agencies, and educational institutions to furnish the County of Lubbock with any information regarding my employment together with any information they may have regarding me, including motor vehicle records, military records, criminal records, and general reputation. I understand that background checks are routinely conducted on applicants. This authorization is to release said organization(s) and individual(s) from all liability, claims and damages in connection with the furnishing of such information.

PRINTED NAME AND SIGNATURE

DATE