



EMPLOYMENT APPLICATION

NAME _____
FIRST MIDDLE INITIAL LAST MAIDEN

ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE _____ **CELL PHONE** _____

REFERRAL SOURCE ___Newspaper Ad ___County Website ___Job Posting Site ___Friend ___Other

Position(s) applying for? _____ Date of Application _____

Type of employment desired: ___Full Time ___Part Time ___Temporary ___Seasonal ___Educational Co-Op

Date available to begin work _____

Describe why you are qualified for position:

Current resume attached? ___Yes ___No

Are you over the age of 16? ___Yes ___No

Are you legally entitled to work in the United States? ___Yes ___No

Have you applied at or been employed by Lee County before? ___Yes ___No

If yes, when? _____)

Driver's License number required if driving may be required in the job for which you are applying

Number _____ State _____



HISTORY OF EMPLOYMENT

List your complete employment record (including temporary, regular, and part-time) in date order.
List the most recent first. Include military service if applicable.

MOST RECENT EMPLOYER

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____ Contact Information _____

Starting Position _____ Ending Position _____

Address _____

Date Started ____ _ Date Ended ____ _ Ending Salary _____

Primary Job Duties _____

Reason for Leaving _____

EMPLOYER

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____ Contact Information _____

Starting Position _____ Ending Position _____

Address _____

Date Started ____ _ Date Ended ____ _ Ending Salary _____

Primary Job Duties _____

Reason for Leaving _____



EDUCATIONAL BACKGROUND

School Name/ Address	Last Year Attended	Diploma/Degree	GPA (optional)	Major
HIGH SCHOOL	N/A	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> GED <input type="checkbox"/> Other _____		
BUSINESS/TRADE		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> GED <input type="checkbox"/> Other _____		
COLLEGE/UNIV.		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> GED <input type="checkbox"/> Other _____		

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and/or certifications that may assist you in performing the position for which you are applying:

REFERENCES

List the name and telephone number of at least two (2) business/work references who are not related to you. If not applicable, list three school or volunteer work references who are not related to you. No more than one (1) personal reference should be included.

Name	Title	Relationship to You	Telephone	Number of Years Known



ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT

Please read thoroughly before signing

It is understood that this application is not an obligation of employment. This application will remain active for one year. Reapplication is necessary after that time period.

I hereby authorize the County to investigate all references, former employment and background checks, and I release from liability those supplying such information. Upon offer of employment, I may be required to take a drug test and may also be required to demonstrate an ability to meet the physical requirements necessary to perform all job duties by passing a physical evaluation test. All testing will be at the County's expense. I realize that an offer of employment is contingent upon my test results being substance-free and satisfactory information being received from physical testing professionals and references sources.

I will provide proof of my eligibility to work on the date of hire as required by "The Immigration Reform and Control Act of 1986".

I understand that my employment, unless covered by a collective bargaining agreement, is not governed by any written or oral contract and is considered an "at will" arrangement. I understand that I am free, as is the County, to terminate employment at any time for any reason or for just cause, so long as there is no violation of applicable Federal or State law or valid collective bargaining agreement.

I understand that if employed in a position governed by a collective bargaining agreement to which the County is a party that once I am covered by that agreement its terms may supersede some of the statements in this acknowledgement of understanding.

I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above conditions of employment.

Written Signature or Electronically Signed _____
Date

DO NOT WRITE BELOW THIS LINE- FOR EMPLOYER USE ONLY

Approved: Department Head _____
Signature Date

Administrator _____
Signature Date

Position _____ Start Date ____ _____ Exempt/Rate _____ Non-Exempt/Rate _____