

# APPLICATION FOR EMPLOYMENT

## LAWRENCE COUNTY SHERIFF'S DEPARTMENT

Lawrence County Government is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, sexual orientation or veteran status in employment opportunities and benefits. Per resolution passed by the Lawrence County Commission, Lawrence County Government shall give preference to Lawrence County citizens over non-citizens during the employment process.

This application is just one part of the hiring process for the Lawrence County Sheriff's Department. Other parts may include an interview, examination or test as well as the passage of a drug test.

### General Information

Date: \_\_\_\_\_ Position Desired (Please circle): Corrections Patrol Office

Have you applied with the County Before: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give the department and any dates worked: \_\_\_\_\_

### Personal Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ =

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? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Education

High School Attended: \_\_\_\_\_

Do you have a high school diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any other education you have below:

College/Trade or Business Schools Attended: \_\_\_\_\_

City/State: \_\_\_\_\_ Degree: \_\_\_\_\_

Major Areas of Study: \_\_\_\_\_

College/Trade or Business Schools Attended: \_\_\_\_\_

City/State: \_\_\_\_\_ Degree: \_\_\_\_\_

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College/Trade or Business Schools Attended: \_\_\_\_\_

City/State: \_\_\_\_\_ Degree: \_\_\_\_\_

Major Areas of Study: \_\_\_\_\_

List other training you have received: \_\_\_\_\_  
\_\_\_\_\_

List any special qualifications and skills you have: \_\_\_\_\_  
\_\_\_\_\_

### **Special Accommodations**

Are you able to perform the essential functions of the job in which you are applying for?

\_\_\_\_\_ Yes, but I will need accommodations in order to perform essential functions?

\_\_\_\_\_ Yes, and I will not need accommodations in order to perform essential functions?

Please describe any accommodations you will need in order to 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: \_\_\_\_\_

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

Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

## Prior Employment Record

List your three most recent employers:

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job

Title/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_

Salary: \_\_\_\_\_ May We Contact: \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job

Title/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_

Salary: \_\_\_\_\_ May We Contact: \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job

Title/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_

Salary: \_\_\_\_\_ May We Contact: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Important, Please Read**

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

In consideration for my employment by the County Government, I agree to conform to the rules and regulation of Lawrence County set forth in the County's employee handbook and acknowledge that these rules and regulation may be changed, interpreted, withdrawn or added to by the employer at any time, at the employer's sole discretion 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 without cause at any time by me or 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 or employment: other than those set forth in the employee handbook, either prior to commencement of employment or after I have been employed.

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

I hereby affirm that the information provided on this application, 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 waiver any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated to be contacted.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_