

LAUDERDALE COUNTY APPLICATION FOR EMPLOYMENT

LAUDERDALE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Lauderdale County Commission
Room 303, Courthouse
P. O. Box 1059
Florence, Alabama 35631

POSITION APPLIED FOR:

NAME

(please print)

Last

First

Middle

MAILING ADDRESS

Number

Street

City

State

Zip Code

TELEPHONE

AGE (if less than 18 years of age)

List any education or special training you have had which you feel qualifies you for this job. Include the date of completion of the education or special training. If applicable, list any licenses, permits, or certifications you hold or have held with expiration date.

List any additional skills, experience, or qualifications not listed above or elsewhere on this application. Include volunteer work which you have done that might be relevant to the position you seek.

List the kinds of equipment you can operate and the degree of your proficiency (if operation of the equipment might be considered relevant to the job you seek).

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WORK EXPERIENCE

Give your employment history below, beginning with your most recent employment and working back. You may attach additional sheets if required.

Do you have any objection to our contacting your previous employers?

Yes _____ No _____

If yes, explain on last page. (A yes response will not necessarily bar you from employment with the County.)

From:	NAME AND ADDRESS OF FIRM OR AGENCY:	YOUR TITLE:
_____	_____	_____
To:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:	DESCRIBE YOUR WORK:
_____	_____	_____
Last Salary	TELEPHONE:	REASON FOR LEAVING:
\$ _____	_____	_____

From:	NAME AND ADDRESS OF FIRM OR AGENCY:	YOUR TITLE:
_____	_____	_____
To:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:	DESCRIBE YOUR WORK:
_____	_____	_____
Last Salary	TELEPHONE:	REASON FOR LEAVING:
\$ _____	_____	_____

From:	NAME AND ADDRESS OF FIRM OR AGENCY:	YOUR TITLE:
_____	_____	_____
To:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:	DESCRIBE YOUR WORK:
_____	_____	_____
Last Salary	TELEPHONE:	REASON FOR LEAVING:
\$ _____	_____	_____

USE SPACE ON BACK FOR ADDITIONAL DESCRIPTION OF YOUR WORK

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WORK EXPERIENCE - CONTINUED

From:	NAME AND ADDRESS OF FIRM OR AGENCY:	YOUR TITLE:
_____	_____	_____
To:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:	DESCRIBE YOUR WORK:
_____	_____	_____
Last Salary	TELEPHONE:	REASON FOR LEAVING:
\$ _____	_____	_____

From:	NAME AND ADDRESS OF FIRM OR AGENCY:	YOUR TITLE:
_____	_____	_____
To:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:	DESCRIBE YOUR WORK:
_____	_____	_____
Last Salary	TELEPHONE:	REASON FOR LEAVING:
\$ _____	_____	_____

From:	NAME AND ADDRESS OF FIRM OR AGENCY:	YOUR TITLE:
_____	_____	_____
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_____	_____	_____
Last Salary	TELEPHONE:	REASON FOR LEAVING:
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AVAILABILITY

When will you be available to begin work? _____

If available for temporary work, indicate shortest assignment you would accept.

One Month ___ Three Months ___ Six Months ___ Summer ___

Have you ever been convicted of a felony, high misdemeanor, or misdemeanor involving moral turpitude? (Do not include traffic violations)

Yes ___ No ___

If your answer is "yes" give the date, place, and nature of the offense on the last page under "explanations." **A yes response will not necessarily bar you from employment with the County.**

Have you ever been terminated from a job for cause? Yes ___ No ___

If yes, give date, name of employer, and other details on back page.

(A yes response will not necessarily bar you from employment with the County.)

REFERENCES

List three persons other than former employers or supervisors who are familiar with your qualifications and background.

NAME

ADDRESS

Unless otherwise specified herein, I authorize all persons listed as references and all former employers to release information to the County Personnel Office relative to my education, training, qualifications, and work history for employment.

(Signed) _____

(Date) _____

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Continuation Sheet - Explanations

The statements made in this application are true and complete to the best of my knowledge and belief. I understand that misrepresentation or falsehood contained herein will bar me from employment with the County or be cause for my subsequent dismissal.

Signature of Applicant _____

Date _____

THE LAUDERDALE COUNTY COMMISSION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.

Leave This Space Blank

Name: _____

Remarks: _____

TEST	SCORE	DATE
Written		
Oral		
Performance		

REFERRALS

TO: _____

DATE: _____

TO: _____

DATE: _____