



LAMPASAS COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION

410 E Fourth St
Lampasas, TX 76550

512-556-8255
FAX 512-556-5809
lampasascountyso@co.lampasas.tx.us

Lampasas County does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin or ancestry, sex, or on the basis of age against persons whose age is between forty and seventy. No question on this application is intended to secure information to be used for such discrimination.

Lampasas County is an equal opportunity employer and complies with the Americans with Disabilities Act. If you require an accommodation in order to complete this application, please request assistance from Lampasas County Human Resources.

Please type or use black ink

PERSONAL

Name:			SSN:
Address:			Home Telephone: ()
City:	State:	Zip:	Other Telephone: ()
			Email:

Are you eligible to work in the United States? Yes No

Are you or have you been employed with Lampasas County? <input type="checkbox"/> Yes <input type="checkbox"/> No	Presently Employed From:	Previously employed To:
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POSITION APPLIED FOR:

MILITARY SERVICE

Branch of Service:	Dates of Service:
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EDUCATION

Did you graduate High School or achieve a GED?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
University, College, Trade, Business or Correspondence School Completed	Applicants may be required to present proof of graduation	Did you graduate? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of School	Specialty or Major	Degree Earned/Date	

TRAINING/SKILLS

Are you bilingual? Yes No Language: _____

List training/skills which would qualify you for the position you seek.

LICENSES/CERTIFICATES

List all current and valid licenses you hold such Drivers, TCLEOSE, Attorney, Engineer, Accountant, etc

Type	Number	Expiration Date

EMPLOYMENT HISTORY

List all employment (including military service) years relevant to the position for which you are applying. Begin with your present or most recent job and work back. Add sheets as needed.

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised:	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: () 	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary: \$
Description of Work:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving:

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised:	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: () 	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary: \$
Description of Work:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for leaving:

Job Title:	Supervisor Name/Title:	
Employer:	Number of Employees Supervised:	
Address:	Employment Dates: (Month, Year)	
City, State, Zip:	From:	To:
Employer Telephone: ()	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary: \$
Description of Work:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

(Please add pages as needed)

APPLICATION SOURCE – How did you hear about this job vacancy?	
<input type="checkbox"/> Career/Job Fair	<input type="checkbox"/> Lampasas County Employee
<input type="checkbox"/> Radio Gram	<input type="checkbox"/> Texas Work Force Center
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other:
<input type="checkbox"/> Newspaper	Name:
<input type="checkbox"/> Internet Web Site	Name:

<p>I certify that I have made no willful misrepresentations in this application, nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentation or omissions may cause my application to be rejected.</p> <p>I understand that this application will be given every consideration but its receipt does not imply that the applicant will be employed.</p>	
Signature of Applicant:	Date: