

LAMPASAS COUNTY, TEXAS **EMPLOYMENT APPLICATION**

409 South Pecan Suite 103 Lampasas, TX 76550

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			
		SSN:	
		Home Telephone: ()	
City: State: Zip: Other Telephone: ()			
		Email:	
Are you eligible to work in the United States?			
Are you or have you been employed with Lampasas Presently Employed Previously employed County? Yes No From: From:			
	From:	From: To:	
	PE State: States?	PERSONAL State: Zip: States? Yes	

POSITION APPLIED FOR:

MILITARY SERVICE

Branch of Service:

Dates of Service:

EDUCATION				
Did you graduate High School or achieve a	a GED?	🗌 Yes	🗌 No	
University, College, Trade, Business or	Applicants may be required to	Did you graduate?	Yes 🗌	No
Correspondence School Completed	present proof of graduation			
Name of School	Specialty or Major	Degre	e Earned/Date	

TRAINING/SKILLS			
Are you bilingual?	Yes	No No	Language:
List training/skills which would qu	alify you for the po	osition you seek.	

LICENSES/CERTIFICATES			
List all current and valid licenses you hold s	List all current and valid licenses you hold such Drivers, TCLEOSE, Attorney, Engineer, Accountant, etc		
Type Number Expiration Date			

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: () Pull-time Part-time Salary: \$ Description of Work: May we contact this employer? Yes No	EMPLOYMENT HISTORY			
Job Title: Supervisor Name/Title: Employer: Number of Employees Supervised: Address: Employment Dates: (Month, Year) City, State, Zip: From: To: Employer Telephone:) Full-time Part-time	List all employment (including military service) years relevant to the position for which you are applying. Begin			
Employer: Number of Employees Supervised: Address: Employment Dates: (Month, Year) City, State, Zip: From: To: Employer Telephone: Image: City of the state of th				
Address: Employment Dates: (Month, Year) City, State, Zip: From: To: Employer Telephone: () Image: Full-time Image: Salary: \$	Job Title:			
City, State, Zip: From: To: Employer Telephone: () Image: Full-time information of the state of the sta	Employer:			
Employer Telephone: ()	Address:	Employment Dates: (Mont		
Employer Telephone:			То:	
Description of Work: May we contact this employer? Yes No	Employer Telephone: ()	🗌 Full-time 🗌 Part-time	Salary: \$	
	Description of Work:	May we contact this employ	yer? 🗌 Yes 🗌 No	
Reason for leaving:	Reason for leaving:			

Supervisor Name/Title:		
Number of Employees Supervised:		
Employment Dates: (Month, Year)		
From:	То:	
🗌 Full-time 🗌 Part-time	Salary: \$	
May we contact this emplo	yer? 🗌 Yes 🗌 No	
	Number of Employees Sup Employment Dates: (Mont From:	

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

(Please add pages as needed)

APPLICATION SOURCE – How did you hear about this job vacancy?		
Career/Job Fair	🗌 Lampasas County Employee	
🗌 Radio Gram	Texas Work Force Center	
🔲 Walk-In	Other:	
Newspaper	Name:	
Internet Web Site	Name:	

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.

I understand that this application will be given every consideration but its receipt does not imply that the applicant will be employed.

Signature of Applicant:

Date: