



Lynn County EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____ FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____ DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1:

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

EMPLOYER 2:

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

EMPLOYER 3:

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____



REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

PERSONAL REFERENCES

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____ **TYPE OF DISCHARGE:** _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO



DISCLAIMER

LYNN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

It is Lynn County's policy to comply fully with all federal, state, and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status or any other classification protected by law.

Employees of Lynn County are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected official. Each employee is expected to conduct him/herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____





LYNN COUNTY AUTHORIZATION FOR BACKGROUND CHECK

Please Read Carefully Before Signing. Your authorization is necessary for completion of the application process.

I, _____, hereby authorize Lynn County to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Lynn County will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Name (Please Print)

Signature

Date Signed



LYNN COUNTY FAIR CREDIT REPORTING ACT

Disclosure and Authorization Statement

To: All Applicants for Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand Lynn County, its representatives, employees or agents may obtain a consumer report and investigate consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgement, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize Lynn County to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigative process. If I am offered employment, I further authorize my employer to obtain additional consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name (Please Print)

Signature

Date Signed