

LAMPASAS COUNTY, TEXAS EMPLOYMENT APPLICATION

409 South Pecan Suite 209 Lampasas, TX 76550 512-556-8271 ext. 111 Voice 512-564-1235 Fax human.resources@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** SSN: Name: Home Telephone: (Address: State: Zip: Other Telephone: (City: Email: Are you eligible to work in the United States? □ No ີ Yes Presently Employed Are you or have you been employed with Lampasas Previously employed County? Yes □ No From: From: **POSITION APPLIED FOR: MILITARY SERVICE** Branch of Service: Dates of Service: **EDUCATION** Did you graduate High School or achieve 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 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**

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

Job Title:	Supervisor Name/Title:
Employer:	Number of Employees Supervised:
Address:	Employment Dates: (Month, Year)
City, State, Zip:	From: To:
Employer Telephone: () Description of Work:	☐ Full-time ☐ Part-time Salary: \$ May we contact this employer? ☐ Yes ☐ No
Description of Work.	May we contact this employer?
Reason for leaving:	
(Please add pages as needed)	
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	SOURCE – How did you hear about this job vacancy?
☐ Career/Job Fair	☐ Lampasas County Employee
Career/Job Fair Radio Gram	☐ Lampasas County Employee ☐ Texas Work Force Center
☐ Career/Job Fair ☐ Radio Gram ☐ Walk-In	☐ Lampasas County Employee ☐ Texas Work Force Center ☐ Other:
Career/Job Fair Radio Gram Walk-In Newspaper	☐ Lampasas County Employee ☐ Texas Work Force Center ☐ Other: Name:
☐ Career/Job Fair ☐ Radio Gram ☐ Walk-In	☐ Lampasas County Employee ☐ Texas Work Force Center ☐ Other:
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