LINCOLN COUNTY
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

This county does not discriminate on the basis of race, color, sex, national origin, religion, age, equal pay, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT or TYPE,** except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

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Job Applied For: _____ Today's Date: _____ Email Address*: _____

What type of employment are you seeking: ☐ Full-time ☐ Part-time ☐ Temporary When can you start work?: _____

_____ _____

Last Name* First Name* Middle Name* Phone Number*

_____

Current Street Address* City* State* Zip*

Are you at least 18 years of age*? (required for jobs) ◯ Yes ◯ No

If hired, can you furnish proof of your eligibility to work in the U.S.*? ◯ Yes ◯ No

Have you ever applied here before? ◯ Yes ◯ No If yes, when? _____

Have you ever been employed by Lincoln County? ◯ Yes ◯ No If yes, when? _____

If employed, do you expect to be engaged in any additional business or employment outside of this position? ☐ Yes ☐ No

If yes, please give details: _____

For Driving Jobs ONLY:

Do you have a valid driver's license in the state of Oklahoma? ◯ Yes ◯ No If no, what state are you licensed in: _____

Do you have a CDL License? ◯ Yes ◯ No If yes, what class: _____

Have you ever had your license suspended or revoked in the last 5 years? ◯ Yes ◯ No If yes, please explain: _____

_____

Education and Training (You may supplement this portion of the application with your resume, however, your signature is required on the last page.)

List Name and City/State of Schools Attended **Diploma/Degree/Certificate** **Subjects Studied**

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

_____

What machines or equipment can you operate that relate to the job for which you are applying? _____

_____

Past Employment: (You may supplement this portion of the application with your resume, however, your signature is required on the last page.)

Name of Employer:	Job Title and Duties:
Address:	Dates of Employment (Mo/Yr): From: To:
City, State, Zip:	Pay: Start $ Final $
Supervisor Name and Email:	Reason For Leaving:

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Address:	Dates of Employment (Mo/Yr): From: To:
City, State, Zip:	Pay: Start $ Final $
Supervisor Name and Email:	Reason For Leaving:

Have you ever been fired from a job or asked to resign? ☐ Yes ☐ No If yes, please explain: _____

_____

References: Please list business persons not related to you that you have known for at least 3 years:

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Please read each statement carefully before signing:

- I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- I authorize the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, employer, past employer or organization to provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organization from any legal liability in making such statements.
- I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.
- I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.
- I understand that this employer participates in E-Verify and will provide the federal government with Form I-9 information to confirm authorization to work in the U.S.
- I understand that as this County deems necessary, I may be required to work hours outside of a normally defined workday or work week.
- I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT ANY EMPLOYMENT WILL BE "AT WILL". THIS MEANS THAT THE EMPLOYER OR EMPLOYEE MAY TERMINATE THE EMPLOYMENT WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read and understand these statements above.

Signature: _____ Date: _____

This application for employment will remain active for a limited time.

*Required fields