Applicants are considered for all positions without regard to race, color religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT) Date of Application ____ Position Applied For _____ □ Advertisement □ Friend □ Relative □ Walk-In Referral Source: □ Employment Agency □ Other _____ Name ____ LAST FIRST MIDDLE Address __ NUMBER STREET CITY STATE ZIP CODE Telephone (_____)___ Email _____ If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No Have you filed an application here before? ☐ Yes ☐ No If yes, give date ______ Have you ever been employed here before? □ Yes □ No If yes, give date _____ Are you employed now? \square Yes \square No May we contact your present employer? \square Yes \square No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No (Proof of citizenship or immigration status may be required upon employment.) On what date would you be available for work? Are you available for work □Full Time □Part Time □Shift Work □Temporary Are you on a lay-off and subject to recall? \Box Yes \Box No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you ever been convicted necessarily disqualify applicant fr	,	(Conviction will not
If yes, please explain.		
Veteran of the U.S. Military Serv	ice? Yes No If yes, Br	ranch
List professional, trade, business which indicate race, color, religio		`
Give name, address, and telepho and are not previous employers.	one number of three reference	es who are not related to you
Special Employment Notice Individuals with Physical or M		ietnam Era Veterans, and
Government contractors are s Readjustment Act of 1974 whice advance in employment qualified Section 503 of the Rehabilitation contractors to take affirmative handicapped individuals.	ch requires that they take affined disabled veterans and veter on Act of 1973, as amended	rmative action to employ and rans of the Vietnam Era, and , which requires government
If you are a disabled veteran, of volunteer this information. To placement and appropriate according your ability in a proper and safe Failure to provide this information for employment.	The purpose is to provide in mmodation to enable you to per manner. This information v	nformation regarding proper perform the job to the best of will be treated as confidential.
If you wish to be identified, pleas	se sign below.	
□ Handicapped Individual	□ Disabled Veteran	□ Vietnam Era Veteran
	Signed	

Employment Experience

Start with your present or last job and include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone	Dates E	mployed	
	()	From	То	Work Performed
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Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
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If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualificate employment or other experi		rize special skil	ls and qualification	ons acquired from
_				
Education				
	Elementary	High	College/ University	Graduate/ Professional
School Name			Oniversity	TTOTEGGTOTHE
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
	1			
Honors Received:				
State any additional information application.	nation you f	eel may be he	elpful to us in	considering you

Applicant's Certification and Agreement Authorization to Release Information Conditions of Employment

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or, if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the Lee County Government, I agree to conform to the policies, rules and regulations of the Government set forth in the Lee County Government's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I am employed by the employer, my employment will be at will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary regular employee.

If required by the Lee County Government for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

This Application Will Remain Active For Ninety (90) Days Only Unless Renewed Personally By Me In Writing.

Before an applicant can be selected for employment with Lee County Government, he/she must submit to a drug test. Should you be offered a job with Lee County Government, your position may require random drug testing.

May we contact your	esent employer? YES NO	
(You must sign the "Au we may not contact your p	rization to Release Information" form to enable us to contact prior employers, even t ent employer.)	though
Date:	Signature:	

Alcohol and Controlled Substance Testing

As a condition of employment by Lee County Government, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988.) In order to be employed by the Lee County Government, you must successfully pass this screening test.

By signing this form, you are acknowledging that you consent to such an examination and screening test.