



EMPLOYMENT APPLICATION

LAKE COUNTY

513 Center Street

Lakeview OR 97630

Phone: 541-947-6073 / Fax: 541-947-5447

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

Position applied for: _____ Date: _____

How did you learn about us?

- Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last name: _____ First name: _____

Mailing address: _____

City, State, Zip: _____

Telephone: _____ Social Security Number _____

If you are under the age of 18, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, please provide date: _____

Have you ever been employed with us before? Yes No
If yes, please provide date: _____

Are you currently employed? Yes No
If yes, may we contact your present employer? Yes 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 will be required upon employment.

On what date would you be available to begin work? _____

Are you available to work: Full Time Part Time Shift Work Temporary
 Volunteer

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. This section must be completed. A resume may *not* be submitted as a supplement to this application.

EMPLOYER		WORK PERFORMED
Address	From:	
Telephone Number	Until:	
Job Title		
Reason for Leaving	Name of Supervisor	

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Address	From:	
Telephone Number	Until:	
Job Title		
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Address	From:	
Telephone Number	Until:	
Job Title		
Reason for Leaving	Name of Supervisor	

If you need additional space, please continue on a separate sheet of paper.

List Professional, trade, business or civic activities and offices held:

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

Indicate any foreign languages you can speak, read, and/or write:

	FLUENT	GOOD	FAIR	SOME
SPEAK				
READ				
WRITE				

Describe any specialized training, apprenticeship, and skills:

Describe any job related training received in the United State Military:

Describe any extra-curricular activities, clubs, etc. that you feel may be of importance relative to the position applied for:

APPLICANT'S STATEMENT:

I certify that all information on this application is accurate, complete and true to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee must resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that this application is not a contract of employment.

Signature of Applicant

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Position(s) applied for is open: Yes No

Position(s) considered for: _____

Employment offered: Yes No Date offered: _____

Position Title offered: _____

By: _____ Date: _____
Name and Title

Position accepted: Yes No Date: _____

Beginning Salary: _____ Salary accepted: Yes No

Notes: _____

By: _____ Date: _____
Name and Title



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Phone: 541-947-6073
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Date: _____

Position Applying For: _____

I, _____, understand that a background check is required, by policy,
(Please print)
prior to securing employment with Lake County. I understand this will include, but not be limited to; a Motor
Vehicles, Criminal History, Probation Supervision Records, Mental Commitment and Medical Marijuana
check.

Signature of Applicant

Date