



Have you ever been convicted of a felony?  Yes  No (Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Veteran of the U.S. Military Service?  Yes  No If yes, Branch \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin.) \_\_\_\_\_

\_\_\_\_\_

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please 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 Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

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

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience.

---

---

---

---

## Education

	Elementary	High	College/ University	Graduate/ Professional
School Name				
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				

Honors Received:

---

---

---

State any additional information you feel may be helpful to us in considering your application.

---

---

---

**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 present employer? YES \_\_\_\_\_ NO \_\_\_\_\_

*(You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.)*

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.