



If your application is considered favorably, when will you be available for work? \_\_\_\_\_

.....  
**EDUCATION**

NAME AND LOCATION

NUMBER OF YRS COMPLETED

Highest Level of Education Completed and Year Completed \_\_\_\_\_

Name and Location of School \_\_\_\_\_

.....

-----  
**COMPUTER SKILLS**

Operating Systems: (ex. Windows XP, Mac OSX) \_\_\_\_\_

-----

Software/Application: (ex. Microsoft Office XP/2000, Internet Explorer, Powerpoint, Excel)

-----

-----

.....  
**LICENSES/CERTIFICATIONS/ORGANIZATIONS OR JOB RELATED TRAINING**

**ATTACH CERTIFICATE IF AVAILABLE**

TYPE/COURSE

STATE

YEAR COMPLETED

Professional Licenses, \_\_\_\_\_  
Certifications, & Job  
Related Training \_\_\_\_\_

-----

.....

---

**EMPLOYMENT HISTORY**

**THIS PORTION MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME**

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT.

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary \_\_\_\_\_  
Describe the work you did \_\_\_\_\_  
Working Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

---

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary \_\_\_\_\_  
Describe the work you did \_\_\_\_\_  
Working Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

---

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary \_\_\_\_\_  
Describe the work you did \_\_\_\_\_  
Working Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

---

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary \_\_\_\_\_  
Describe the work you did \_\_\_\_\_  
Working Dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

-----  
**PAST RESIDENCES**

List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page if necessary.

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

-----  
**REFERENCES  
(NO RELATIVES)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

---

---

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

---

## AUTHORIZATION AND AGREEMENT

**I HEREBY AUTHORIZE YOU TO CONTACT:**

**MY PRESENT EMPLOYER(S)**    YES \_\_\_ NO \_\_\_

**MY PAST EMPLOYERS:**        YES \_\_\_ NO \_\_\_

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records and motor vehicle records will also be conducted.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the immigration and Naturalization Services.

I understand Lamar County is a drug free workplace. Prior to employment I must submit to a pre-employment drug test and if I am hired, I understand that I may be subject to drug testing in the future, including random testing, pursuant to policies of Lamar County.

I hereby agree, on request to undergo physical examination by a physician designated by Lamar County at the County's expense. I understand that any physical or medical exam will be post offer of employment. I also agree to undergo future physical examinations that the county may require for continued employment.

I certify that the information I have provided on this application is accurate and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the county at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

---

DATE

---

SIGNATURE OF APPLICANT

**LAMAR COUNTY RECEIVES SEVERAL APPLICATIONS A DAY THEREFORE IT IS NOT POSSIBLE TO CALL EVERY APPLICANT. IF YOUR APPLICATION IS CONSIDERED FOR AN OPEN POSITION YOU WILL BE CONTACTED BY HUMAN RESOURCES.**

## **NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT**

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA"), the Lamar County Board of Supervisors will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

***Employment:*** Lamar County Board of Supervisors does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA.

***Effective Communication:*** Lamar County Board of Supervisors will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in Lamar County Board of Supervisors programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

***Modifications to Policies and Procedures:*** Lamar County Board of Supervisors will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in Lamar County Board of Supervisors offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of Lamar County Board of Supervisors, should contact the office of Lynn K. Ward at (601) 794-3415 as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the Lamar County Board of Supervisors to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of Lamar County Board of Supervisors is not accessible to persons with disabilities should be directed to Lynn K. Ward at (601) 794-3415.

Lamar County Board of Supervisors will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

**\*If this form is needed in an alternative format please contact Lynn K. Ward, ADA Coordinator at (601) 794-3415.**



**Lamar County Board of Supervisors  
Grievance Procedure under  
The Americans with Disabilities Act**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Lamar County Board of Supervisors. The County's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

**Lynn K. Ward  
ADACoordinator/HR Director  
PO Box 1240, Purvis, MS 39475**

Within 15 calendar days after receipt of the complaint, Lynn K. Ward or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Lynn K. Ward or her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Lamar County Board of Supervisors and offer options for substantive resolution of the complaint.

If the response by Lynn K. Ward or her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the County Administrator or his designee.

Within 15 calendar days after receipt of the appeal, the County Administrator or his designee will meet with the complainant to discuss the

complaint and possible resolutions. Within 15 calendar days after the meeting, the County Administrator or his designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by Lynn K. Ward or her designee, appeals to the County Administrator or his designee, and responses from these two offices will be retained by the Lamar County Board of Supervisors for at least three years.

**\*If this form is needed in an alternative format please contact Lynn K. Ward, ADA Coordinator at (601) 794-3415.**