LAUDERDALE COUNTY ANIMAL CONTROL EMPLOYMENT APPLICATION

Please complete the entire application.

Employer Information

Employer: Lauderdale County Board of Supervisors

Address: 410 Constitution Avenue 11th Floor

City/State/Zip Code: Meridian, MS 39301

Telephone #: (601)485-1849 rrockette@lauderdalecounty.org

It is the policy of Lauderdale County to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

Applicant Full Name:		
lome Address:		
City/State/Zip Code:		
Number of years at address: Date of Birth: _ Contact #:		
Oriver's License #:	State:	
Emergency Contact		
Contact Name:		
Relationship to you:		
Address:		
City/State/ Zip Code:		
Contact #:		

General Employment Information

Job position applied for: ANIMAL CONTROL	OFFICER			
Hourly rate of pay: \$ 12.00				
How did you learn of our organization?				
Have you ever applied for employment with Laud	erdale Co? Yes	, No		
If yes, when and what position?				
Are you a registered voter? Yes, No \	What County?			
Have you ever been bonded? Yes, No	Which employer	?		
Do you have reliable transportation? Yes	, No			
Are you able to pass a drug screen? Yes, N	10			
Are you willing to work overtime/weekends? Yes	, No			
If offered employment, when are you available to	start?			
Are you legally eligible for employment in the Uni	ited States? Yes _	, No		
Are you able to perform the essential functions or without reasonable accommodation? Yes		you are applying for with or		
What reasonable accommodation, if any, would y	ou request?			
Have you ever been convicted of a crime in the passummary offenses, which has not been annulled,	•	<u> </u>		
Yes, I was convicted of		on		
(date) in	(city),	(state), No		

The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment.

Applicant Employment History

List current or most recent employment first.

Employer Name 1
Supervisor's Name
Address
City/State/ Zip Code
Telephone #
Job Duties
Reason for Leaving
Date of Employment (Month, Year)
Employer Name 2
Supervisor's Name
Address
City/State/ Zip Code
Telephone #
Job Duties
Reason for Leaving
Date of Employment (Month, Year)
Employer Name 3
Supervisor's Name
Address
City/State/ Zip Code
Telephone #
Job Duties
Reason for Leaving
Date of Employment (Month, Year)

Applicant Education and Training

College/University Name and Address:
Did you receive a degree? Yes, No If yes, list degree
High School /GED Name and Address
Did you graduate? Yes, No
Other Training (graduate, technical, vocational)
Please list any professional licenses or certifications that you hold:
References
Please list 3 non-relatives who would be willing to provide a reference for you:
Name/Relationship:
Address:
City/ State/Zip Code:
Telephone #:
Name/Relationship:
Address:
City/ State/Zip Code:
Telephone #:
Name/Relationship:
Address:
City/ State/Zip Code:
Telephone #:

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of any applicant, or if employment commences, immediate termination.

I authorize Lauderdale County Animal Control to contact the employers and educational organizations listed above regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my current/previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

SIGNATURE	DATE