



Lincoln County Missouri Office

Required Documents Checklist

All applicants must electronically submit copies of the below mentioned documents. A failure to provide all the required documents will result in a delay of the hiring process and failure to provide all the required documents will result in your file being administratively closed.

Applicant Name: _____

Position Applying For: _____

Below mentioned documents are required and must be provided by all applicants:

- Copy of Birth Certificate (Government Issued) or U.S. Passport.
- Copy of Social Security Card.
- Copy of Valid Driver's License.
- Copy of High School Diploma or State – Issued GED Certificate.
- Copy of College Transcript(s) or College Degree(s).
- Others

Below mentioned documents are required (**ONLY IF APPLICABLE**) and must be provided by all applicants:

- DD214 (AND Letter of Good Standing for National Guard members).
- Veteran's Preference documents (if applicable).
- Final court disposition of any/all arrest(s) if ever arrested or required to appear in criminal court.
- Arrest report(s) for any/all arrest(s).

For Office Use Only: Application Packet Review

- This packet has been reviewed and contains all documents required for processing.
- This packet has been reviewed and determined to be incomplete.

Review By: _____

Date: _____



Application for Employment

Lincoln County Missouri Office is an equal employment opportunity employer. We encourage workplace diversity and make employment decisions without regard to race, ethnicity, religion, color, national origin, gender, sexual orientation, gender identity or expression, age, veteran status, marital status, ancestry, genetic information, disability, familial responsibilities, or any other factor protected by federal, local, or state law. This applies to recruiting, hiring, placement, promotions, transfers, terminations, compensation, administering benefits, training, disciplinary actions, performance assessments, layoffs, recalls, leaves of absence, and all other terms and conditions of employment. Lincoln County Missouri Office complies with applicable federal and state laws governing non – discrimination in employment in every location in which county has facilities.

Instructions: Please print and complete all questions. Include any supplemental information that you feel would be helpful in our consideration of your qualifications. If you need additional space for your responses below, use the comments/other accomplishments section of this questionnaire or attach additional sheets.

Applicant Identification

Date: _____

Full Legal Name (Last, First, Middle): _____

Mailing Address: _____

City: _____

State: _____

Country: _____

Postal/Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Mobile: _____

Please indicate how you heard about the job opportunity available within our organization. _____

Do you have any friends, relatives, or acquaintances working for Lincoln County Missouri Office? Yes, (State name & relationship):

Are there any other names under which your employment or educational records, references, and other information in the application may be verified? Yes No If so, please provide the other name(s): _____

Have you ever been an employee of Lincoln County Missouri Office Division? No, currently Yes, Previously No

Are you authorized to work lawfully in United States? Yes No Are you at least 18 years old? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? Yes No

Security Information:

Do you presently hold a security clearance? Yes No If yes, state level: _____

Have you ever held a security clearance? Yes No If yes, state level and dates held: _____

Availability:

Check on or more of the following: Full - Time Part - Time Seasonal Temporary.

Driving History:

List all driver's or chauffeur's licenses you hold now or have previously held. Indicate if you have ever had your license revoked or suspended.

Have you ever been sentenced to a driver's improvement school? Yes No

License Information (ONLY APPLICABLE FOR HIGHWAY DEPARTMENT): No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

State	Type of License	Expiration Date	License Number	Revoked or suspended

List all driving citations or summons you have received as an adult or juvenile. Begin with the most recent.

Check the Lincoln County Missouri Division in which you are willing to work:

<input type="checkbox"/> Lincoln County Clerk Office	<input type="checkbox"/> Lincoln County Sheriff's Office	<input type="checkbox"/> Lincoln County Highway Department	<input type="checkbox"/> Lincoln County Collector Division
<input type="checkbox"/> Lincoln County Assessor	<input type="checkbox"/> Lincoln County Auditor	<input type="checkbox"/> Lincoln County Treasurer Division	<input type="checkbox"/> Lincoln County Recorder of Deeds
<input type="checkbox"/> Lincoln County Economic Development	<input type="checkbox"/> Lincoln County Coroner	<input type="checkbox"/> Lincoln County Public Administrator	<input type="checkbox"/> Lincoln County Flood Plain Administration
<input type="checkbox"/> Lincoln County Project Management	<input type="checkbox"/> Lincoln County Emergency Management	<input type="checkbox"/> Lincoln County Prosecuting Office	<input type="checkbox"/> Others

Criminal History Information:

Please read the following section carefully and answer it thoroughly. If you have any type of criminal record history or other information in response to one or more of the questions below, you must disclose the information and supply the details on this application. Conviction will not necessarily disqualify an applicant from employment. Failure to answer these questions truthfully and accurately to the best of your ability will disqualify you from employment.

In the past seven years, have you ever had a finding or verdict of guilt imposed by a court or have you otherwise been convicted or found guilty of a felony crime, regardless of whether any fine, penalty or sentence was imposed, served, probated, suspended, deferred (as in deferred adjudication), or otherwise withheld or set aside (for example, a finding of guilt or sentence held in abeyance and later dismissed upon meeting certain conditions such as good behavior, community service, completion of a course, or other requirements)?

Yes No

If yes, explain below. (Include full name under which you were convicted.)

In the past seven years, have you ever forfeited bail, accepted a plea bargain or otherwise entered a plea of guilty, no contest, nolo contendere, or any other plea of guilty in court in conjunction with the disposition of charges against you for a felony crime regardless of whether any fine, penalty or sentence was imposed, served, probated, suspended, deferred (as in deferred adjudication), or otherwise withhold or set aside (for example, a finding of guilt or sentence held in abeyance and later dismissed upon meeting certain conditions such as good behavior, community service, completion of a course, or other requirements)? Yes No

Please explain.

In the past seven years, have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct involving the use of any information technology system (computer system, network, or software)?

If yes, explain below.

In the past seven years, have you been a party to any public record civil court action (for example, received an injunction, restraining order, cease and desist order, etc.)?

Education: Your educational record will be considered only to the extent that it is relevant to the job sought. *(COPY OF OFFICIAL TRANSCRIPTS MUST BE ATTACHED).*

High School Diploma or High School Equivalency: HS Diploma HS Equivalency Neither

College: _____ City: _____ State: _____

Degree: _____ Major: _____ Country: _____

College: _____ City: _____ State: _____

Degree: _____ Major: _____ Country: _____

College: _____ City: _____ State: _____

Degree: _____ Major: _____ Country: _____

Instructions: Please print and list every position that you have held for the **past 10 years**, starting with your most recent position. If you require additional space to detail your employment history, please request an Employment History Attachment.

Have you been discharged, asked to resign, or resigned in lieu of disciplinary action from any employment?

Yes No IF YES, explain under the appropriate work history in the "Reason for Leaving" field.

All employers, including your current employer, may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

Employment Background: Present or most recent employer.

Employer: _____

City: _____ State: _____ Zip: _____ Phone: _____

Country: _____ Hired (mm/yy): _____

Current and last Position & Duties: _____ End Date (mm/yy): _____

Starting Base Pay: _____

Reason for Leaving: _____ Ending Base Pay: _____

Supervisor's Name: _____ Supervisors' Phone: _____

Employer: _____
City: _____ State: _____ Zip: _____ Phone: _____
Country: _____ Hired (mm/yy): _____
Current and last Position & Duties: _____ End Date (mm/yy): _____
Reason for Leaving: _____ Starting Base Pay: _____
Ending Base Pay: _____
Supervisor's Name: _____ Supervisors' Phone: _____

Employer: _____
City: _____ State: _____ Zip: _____ Phone: _____
Country: _____ Hired (mm/yy): _____
Current and last Position & Duties: _____ End Date (mm/yy): _____
Reason for Leaving: _____ Starting Base Pay: _____
Ending Base Pay: _____
Supervisor's Name: _____ Supervisors' Phone: _____

Employer: _____
City: _____ State: _____ Zip: _____ Phone: _____
Country: _____ Hired (mm/yy): _____
Current and last Position & Duties: _____ End Date (mm/yy): _____
Reason for Leaving: _____ Starting Base Pay: _____
Ending Base Pay: _____
Supervisor's Name: _____ Supervisors' Phone: _____

Please explain any gaps in your employment. Periods of unemployment will not necessarily disqualify an applicant from employment.

Certifications: Provide any additional information regarding your qualifications, career objectives or any other details that could help us evaluate your candidacy. Start by entering the most relevant certification and continue adding certifications until you have entered all that you feel are important to disclose for this job. Do not list expired certifications.

Certification Name: _____	Certification Name: _____	Certification Name: _____
Number/ID: _____	Number/ID: _____	Number/ID: _____
Issuing Organization: _____	Issuing Organization: _____	Issuing Organization: _____
Country: _____	Country: _____	Country: _____
Issue Date (mm/yy): _____	Issue Date (mm/yy): _____	Issue Date (mm/yy): _____
Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____
Supplemental Comments _____	Supplemental Comments _____	Supplemental Comments _____

Certification Name: _____	Certification Name: _____	Certification Name: _____
Number/ID: _____	Number/ID: _____	Number/ID: _____
Issuing Organization: _____	Issuing Organization: _____	Issuing Organization: _____
Country: _____	Country: _____	Country: _____
Issue Date (mm/yy): _____	Issue Date (mm/yy): _____	Issue Date (mm/yy): _____
Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____
Supplemental Comments _____	Supplemental Comments _____	Supplemental Comments _____

Professional References: Please provide three professional references, connected to your most recent profession but not related/friend.

1. Name: _____	Company Name: _____	Designation: _____
Email ID: _____	Phone #: _____	
2. Name: _____	Company Name: _____	Designation: _____
Email ID: _____	Phone #: _____	
3. Name: _____	Company Name: _____	Designation: _____
Email ID: _____	Phone #: _____	

Personal Reference: Please provide three personal references (NOT RELATIVES OR IN – LAWS) who have known you well for past three (3) years or more.

1. Name: _____	Relationship: _____	How long Acquainted: _____
Email ID: _____	Phone #: _____	
2. Name: _____	Relationship: _____	How long Acquainted: _____
Email ID: _____	Phone #: _____	
3. Name: _____	Relationship: _____	How long Acquainted: _____
Email ID: _____	Phone #: _____	

Diversity: Please provide the information requested below and in the attached form regarding diversity. Submission of this information is STRICTLY VOLUNTARY.

**AFFIRMATIVE ACTION
SELF-IDENTIFICATION
INFORMATION**

Completion of the information below by the applicant is voluntary.

We consider all applicants for positions without regard to ethnic background, race, religion, sex, sexual orientation or identity, national origin, age, veteran, Vietnam Era veteran, disabled veteran, National Guard, reserve, disability, pregnancy, or any other similarly protected status.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is **STRICTLY VOLUNTARY** and refusal to provide it will not subject you to any adverse personnel decision or action. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Your cooperation is appreciated. This information is not a part of your official application for employment and will be filed separately from the application. It will not be used in any hiring decision.

- 1 **Gender**
 Male Female I choose not to self-identify.
- 2 **Ethnicity**
 Hispanic or Latino Not Hispanic or Latino I choose not to self-identify.
- 3 **Race**
 American Indian or Alaska Native Asian/Native Hawaiian or Other Pacific Islander Black or African American White Two or more races
 I choose not to self-identify.
- 4 **Protected veteran: Do you consider yourself a protected veteran?**
 Yes No I choose not to self-identify.
- 5 **Armed Forces service medal veteran**
 Armed Forces service medal veteran Not an Armed Forces services medal veteran I choose not to self-identify.
- 6 **Disabled veteran**
 Disabled veteran Not a Disabled veteran I choose not to self-identify.
- 7 **Recently separated veteran.**
 Recently separated veteran Not a Recently separated veteran I choose not to self-identify.
- 8 **Active-duty wartime or campaign badge veteran**
 Active-duty wartime or campaign badge veteran Not an Active-duty wartime or campaign badge veteran I choose not to self-identify

EEO Policy:

Lincoln County Missouri Office is an Equal Opportunity Employer of Minorities/Women/Individuals with Disabilities/Protected Veterans. Lincoln County Missouri Office provides reasonable accommodation for qualified individuals in accordance with applicable federal law. The county will provide reasonable accommodation for the known physical or mental limitations of qualified employees and applicants with disabilities unless doing so would impose an undue hardship on the county's operations.

Certifications:

I understand and agree that this application is not an offer of employment or a contract. I understand and agree that, if I become employed with Lincoln County Missouri Office, or its divisions, I will be employed "at-will," meaning that either the County or I may terminate my employment at any time for any reason, with or without cause or notice. I also understand that any handbooks, manuals, policies, and procedures maintained by the County are not contractual and may be amended or abolished at the sole discretion of the County at any time.

Further, should I become an employee of the County, I will adhere to the County's Code of Ethics and Standards of Conduct and all other policies and procedures governing my conduct as an employee. I will report in good faith any and all suspected legal, policy, and/or procedural violations. I will conduct the County's business in an ethical, professional, and legal manner. Furthermore, I acknowledge that the County has established a Drug-Free Awareness Program. Should I become employed with a business unit that conducts pre-employment drug testing, I acknowledge that I will be required to pass a drug screening test as a condition of my employment. Should I become an employee of the County, I will abide by the terms of the County's Drug Abuse Policy and related management instructions. I will, in addition, obey all of the laws of the United States and of all localities, states, and nations where the County does business.

Should I become an employee of the County, I understand that, by virtue of my employment, I may gain access to confidential and proprietary information regarding County business. I understand that the County has a legitimate business need to protect such information and, as a condition of employment, I agree to sign and abide by an agreement governing the protection and disclosure of such confidential and proprietary information and for the assignment of inventions.

I am not subject to a confidentiality agreement, non-compete and/or non-solicitation agreement, with a current or former employer.

Pursuant to the Immigration Reform and Control Act, the County is required to employ only those individuals who are authorized to work lawfully in the United States. Accordingly, upon hiring, I will be required to demonstrate my eligibility to work in the United States. Failure to do so will result in termination or revocation of the offer of employment.

I certify that I have read, understand and will adhere to the above statements. I also certify that the information furnished in this application and during the application process is true, accurate, and complete to the best of my knowledge and belief and I understand that any misrepresentation or omission of fact on this or any record submitted pertinent to employment will constitute grounds for refusal to hire me or my immediate dismissal, regardless of when the false answer or omissions are discovered.

Signature of Applicant: _____

Date: ____ / ____ / ____

**Supplement for Additional Work History*

Employer: _____

City: _____ State: _____ Zip: _____

Phone: _____

Country: _____

Hired (mm/yy): _____

Current and last Position & Duties: _____

End Date (mm/yy): _____

Starting Base Pay: _____

Reason for Leaving: _____

Ending Base Pay: _____

Supervisor's Name: _____ Supervisors' Phone: _____

Employer: _____

City: _____ State: _____ Zip: _____

Phone: _____

Country: _____

Hired (mm/yy): _____

Current and last Position & Duties: _____

End Date (mm/yy): _____

Starting Base Pay: _____

Reason for Leaving: _____

Ending Base Pay: _____

Supervisor's Name: _____ Supervisors' Phone: _____

Employer: _____

City: _____ State: _____ Zip: _____

Phone: _____

Country: _____

Hired (mm/yy): _____

Current and last Position & Duties: _____

End Date (mm/yy): _____

Starting Base Pay: _____

Reason for Leaving: _____

Ending Base Pay: _____

Supervisor's Name: _____ Supervisors' Phone: _____
