



LAMB COUNTY
EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Lamb County complies fully with all federal, state, and local equal employment opportunity laws. Employment and advancement opportunities are provided without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other protected classification.

Employees of Lamb County are selected to fulfill the legal and operational duties established by statute and the policy choices of the County's elected officials. Each employee is expected to conduct themselves in a manner reflecting integrity, professionalism, and respect for public service.

Applicant Information

Full Legal Name (as on Social Security/Work Permit Card): _____

Current Address: _____

City/State/Zip: _____

Cell Phone: _____ Email: _____

Driver's License No.: _____ State: _____ Expiration Date: _____

Are you at least 18 years old? Yes No Are you legally eligible to work in the U.S.? Yes No

Position and Availability

Position Applied For: _____ Department: _____

Date Available: _____ Desired Salary: \$ _____ per Hour Year

Type of Employment Desired: Full-Time Part-Time Temporary/Seasonal

How were you referred to Lamb County? _____

Have you ever been employed by Lamb County? Yes No

If yes, Dates: _____ Department: _____

Reason for Separation: Termination Resignation Layoff/Downsize Relocation Seasonal
 Other: _____



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Criminal and Arrest History

Have you ever been arrested, charged with/indicted for, or convicted of **any** offense, including being placed on deferred adjudication, probation, or dismissal following probation (except minor traffic violations)? Yes No

If yes, provide details below (date, jurisdiction, charge, disposition, and explanation):

Have you ever been involved in any matter related to moral turpitude (including dishonesty, fraud, theft, or offenses involving abuse or neglect)? Yes No

If yes, please explain:

Have you ever been convicted of a felony offense? Yes No

If yes, provide details below (date, jurisdiction, charge, disposition, and explanation):



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U.S. Military Service

Branch of Service	Dates of Service (From-To)	Rank at Discharge	Type of Discharge	Duties/Training Received

Education / Skills

Educational Level	Name/Location of School	Indicate Years/Degree Completed	Description/Area of Study
High School		9 10 11 12 GED	
Comm./Junior College		1 2 <input type="checkbox"/> Assoc.	
Business/Trade School		1 2 3 4	
College/University		1 2 3 4 <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> _____	
Graduate School		<input type="checkbox"/> Master's <input type="checkbox"/> Professional <input type="checkbox"/> Doctoral <input type="checkbox"/> Specialist	

Computer Software Skills

Software / Program	Purpose or Use	Years of Experience	Level of Proficiency
	Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
	Spreadsheet/Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
	Other:		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
	Other:		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

Licenses / Certifications

License or Certification	Issuing Authority	Date Issued	License Number	Expiration Date

Job-Related Training or Courses

Course Title	Provider / Institution	Date Completed	Description or Skills Gained

Professional/Civic Organization(s): _____

**COMMISSIONERS COURT
AGENDA ITEM REQUEST**

DESCRIPTION OF ITEM: EMPLOYEE JOB APPLICATION

DATE OF CC MEETING: DECEMBER 8, 2025

	Yes	No	
CONSENT AGENDA:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
BUDGET AMENDMENT:	<input type="checkbox"/>	<input type="checkbox"/>	If yes, describe transfer _____ _____
PURCHASE:	<input type="checkbox"/>	<input type="checkbox"/>	
PUBLIC HEARING:	<input type="checkbox"/>	<input type="checkbox"/>	
EMERGENCY NOTICE:	<input type="checkbox"/>	<input type="checkbox"/>	
REVIEW BY COUNTY ATTORNEY:	<input type="checkbox"/>	<input type="checkbox"/>	

SUBMITTED BY: JERRY YARBROUGH

APPROVED BY: Judge / Commissioner _____

DATE: December 2, 2025

Please provide any forms that need to be signed by the Judge or the Commissioners. I WILL BRING TO COMMISSIONERS' COURT.

It is the responsibility of the person submitting this form to make sure the original documents are given to the County Clerk after CC approval.

Consider and take appropriate action on APPROVING A NEW JOB APPLICATION FOR NEW EMPLOYEES

Jerry Yarbrough
12/2/25