

APPLICATION FOR EMPLOYMENT

**HOLMES COUNTY BOARD OF COUNTY COMMISSIONERS
107 E VIRGINIA AVE, BONIFAY, FL 32425
(850) 547-1119**

An Equal Opportunity Employer

A Drug Free Workplace

We consider applicant for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT OR TYPE) Date of Application _____

Position(s) Applied For _____

Referral Source: _____ Advertisement _____ Friend _____ Relative
_____ Walk-In _____ Employment Agency _____ Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone (____) _____

If employed and you are under 18, can you furnish a work permit? ____ Yes ____ No

Have you filed an application here before? ____ Yes ____ No If Yes, give date _____

Have you ever been employed here before? ____ Yes ____ No If Yes, give date _____

Are you employed now? ____ Yes ____ No

If you are hired, you must provide proof of authorization to work in the United States
(Proof of citizenship or immigration status).

On what date would you be available to work? _____

Are you available to work ____ Full Time ____ Part Time ____ Shift Work ____ Temp

Are you on a lay-off and subject to recall? ____ Yes ____ No

Can you travel if a job requires it? ____ Yes ____ No

Have you been convicted of a felony? ____ Yes ____ No

(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain: _____

PREVIOUS EMPLOYMENT

COMPLETE ALL INFORMATION REQUESTED. List all present and past employment including full and part time, temporary, volunteer and military duty beginning with most recent. **You must account for all periods of time for at least the last ten (10) years. DO NOT OMIT ANY PREVIOUS EMPLOYERS. Attach additional pages if necessary.** This section must be completed whether or not you have attached a resume. Complete address and phone numbers of previous employers and references must be provided. Incomplete and/or unsigned applications will not be processed. If you have been employed under any other name(s), list name(s) by each employer as applicable.

1) Employer _____ Telephone _____
Address _____
Job Title _____
Work Performed _____

Dates Employed _____ Hourly Salary(Starting) _____ (Ending) _____
Supervisor _____ Reason for leaving _____

2) Employer _____ Telephone _____
Address _____
Job Title _____
Work Performed _____

Dates Employed _____ Hourly Salary(Starting) _____ (Ending) _____
Supervisor _____ Reason for leaving _____

3) Employer _____ Telephone _____
Address _____
Job Title _____
Work Performed _____

Dates Employed _____ Hourly Salary(Starting) _____ (Ending) _____
Supervisor _____ Reason for leaving _____

4) Employer _____ Telephone _____
Address _____
Job Title _____
Work Performed _____

Dates Employed _____ Hourly Salary(Starting) _____ (Ending) _____
Supervisor _____ Reason for leaving _____

May Holmes County contact the employers listed above in order to verify the information you have provided? ____ Yes ____ No

Special Skills and Qualifications: (Summarize special skills and qualifications acquired from employment or other experience) _____

EDUCATION

ELEMENTARY SCHOOL _____

HIGH SCHOOL _____

Years Completed _____ Diploma/Degree _____

Major Course of Study _____

COLLEGE/UNIVERSITY _____

Years Completed _____ Diploma/Degree _____

Major Course of Study _____

GRADUATE PROFESSIONAL _____

Years Completed _____ Diploma/Degree _____

Major 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 STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that this document, nor any offer of employment from the employer, constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Applicant's Signature Date

Driver's License Information: A record of conviction(s) will not necessarily disqualify you from employment. Each situation is considered individually. Withholding or falsifying information may result in: Exclusion from further consideration; or, if hired immediate discharge.

If the position for which you are applying requires the operation of a County vehicle or equipment, you must accurately answer the following question. Your driving record will be confirmed with the Department of Motor Vehicles. Has your Driver's License been suspended or revoked in the past 3 years? YES NO

If Yes, explain: _____

FLORIDA Driver's License Class E # _____ Exp. Date _____
Out-of-State Driver's License # _____ Exp. Date _____
Florida Commercial Driver's License # A B C _____ Exp. Date _____
Endorsements: H N P T X F CMV E DMV

For Personnel Department Use Only

Arrange Interview: _____ Yes _____ No

Remarks: _____

Employed: ____ Yes ____ No Date of Employment _____

Department _____ Salary _____

BY: _____
Name and Title Date

Veteran of the U.S. Military service? ____ Yes ____ No If Yes, what Branch _____

Indicate languages you speak, read, and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status: _____

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

May Holmes County contact the above references in order to verify the information you have provided? ____ Yes ____ No

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 Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled 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 which 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:

APPLICANT DATA FILE

Applicants are considered for all positions, and all employees are treated equally during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a separate Confidential File.

Date: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

NAME: _____ Telephone(____) _____

ADDRESS: _____

Number Street City State Zip

Social Security Number: _____

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran, and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual