

APPLICATION FOR EMPLOYMENT

SEMINOLE COUNTY BOARD OF COMMISSIONERS

An Equal Opportunity Employer and Certified Drug Free Workplace

Position Applied

For _____ Date _____

PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____ Social Security Number (Voluntary) _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes _____ No _____ *Proof of citizenship or immigration status will be required upon employment.*

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes _____ No _____

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?
A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

Yes _____ No _____ **If yes**, please provide details (dates and location for all convictions)

Are you currently employed? _____ If so may we inquire of your present employer? _____

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?
Yes _____ No _____

Can you work any shift? Yes____ No____ Can you work overtime, including weekends? Yes____ No____

Date you can start _____ Hourly Rate/Salary desired _____

REFERRAL SOURCE

How did you hear about us? Walk In____ Advertisement ____Referral ____Other ____

Have you ever worked for this county before? Yes____ No____

If yes, explain_____

Do you know anyone or have relatives who work for the county? Yes____ No ____

If yes, who? _____

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

REFERENCES Give the names of three persons, not related to you, whom you have known at least three (3) years.

	Name	Address, Phone, Email	Company	Years Acquainted
1				
2				
3				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Job 1			
From	To	Employer Name	Telephone()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	
Job 2			
From	To	Employer	Telephone()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	
Job 3			
From	To	Employer Name	Telephone()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	
Job 4			
From	To	Employer	Telephone()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. Describe any specialized training, apprenticeship, skills and extra curricular activities. List any professional, trade, business or civic activities and offices held.

Computer Skills (please describe):

Please read carefully before signing.

Seminole County Board of Commissioners is an equal opportunity employer. Seminole County Board of Commissioners does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Seminole County Board of Commissioners to hire me. If I am hired, I understand that either Seminole County Board of Commissioners or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Seminole County Board of Commissioners has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Seminole County Board of Commissioners true and complete information on this application. No requested information has been concealed. I authorize Seminole County Board of Commissioners to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 180 DAYS FROM THE DATE SIGNED/DATED ABOVE.