



GLADES COUNTY APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Glades County complies with local, state and federal equal employment opportunity guidelines which prohibits discrimination based on race, religion, sex, color, national origin, disability, age and marital status

It is essential that you answer all questions on this application fully and truthfully, as failure to do so may delay consideration for employment or result in loss of employment opportunities. If an item does not apply to you, write NA (not applicable). PLEASE TYPE OR PRINT IN INK

PERSONAL

Last Name:	First:	Middle:	Home Phone:
Street Address:			Work Phone:
City, State, Zip Code:			Message Phone:
Are you legally eligible for employment in the United States?:			
In case of emergency notify: Name: _____ Phone: _____ Address: _____			
Have you ever worked for us before? _____ If yes, when? _____ Department _____			
List any relatives working for Glades County:			

Position Title for which you are applying:	Date you can begin:
Salary Expected:	
Days and hours available for work:	
How did you learn of this position? (please specify)	

Driver's license information is REQUIRED.	License No. _____
State: _____ Class: _____ Endorsements: _____	Exp. Date: _____
List all traffic violations in the last three years:	
Have you ever had a driver's license revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:	

JUDICIAL

Have you ever been placed in a pre-trial intervention program ("PTI") or a related program, placed on probation, fined, or had to provide restitution to a third person as directed by any judicial body, quasi-judicial or quasi-judicial body of a felony or a misdemeanor (other than a minor traffic violation)? **(An affirmative answer to either of these questions will not necessarily disqualify you for employment.)**

YES

NO

If yes, explain:

EDUCATION AND TRAINING

Type of School	Name of School	Location (City and State)	Circle Last Year Completed	Major Subject	Graduated? Degree?
High School			9 10 11 12		Yes __ No __
College			1 2 3 4 5 6		Yes __ No __ Degree: _____
Graduate			1 2 3 4		Yes __ No __ Degree: _____
Vocation, Business, Trade or Apprentice, Other					Yes __ No __

MILITARY SERVICE

Have you ever served in the armed forces? Yes ___ No ___ If yes, what Branch? _____

Service: From _____ To _____ Rank at Discharge _____
mo. day yr mo. day yr

Do you claim Veteran's Preference? Yes ___ No ___
 If you are claiming Veteran's Preference, you must complete a Veteran's Preference form.

PROFESSIONAL REGISTRATION, LICENSES OR CERTIFICATIONS

Type	Number	Authorizing Board

SPECIAL SKILLS

Include skills with computers, machines, tools, and motor equipment

APPLICANT'S COMMENTS

In your own words, explain how you qualify for the position. Be Specific.

EMPLOYMENT

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED

Beginning with your PRESENT or most recent employment, list in **REVERSE ORDER ALL** periods of employment. Each time you changed jobs or title changed should be listed as a separate period. Be sure to describe your military experience. Describe **in detail** your specific duties, beginning with your primary duties. (Attach additional sheets, if necessary.)

1. Employer				Address			
Your Official Job Title				Supervisor's Name & Title		Phone Number	
From Month	Year	To Month	Year	Total Months	If part-time, number of hours per week _____	Beginning Salary \$ _____ per _____	Ending Salary \$ _____ per _____
Reason for leaving							
Describe your duties in detail:							

2. Employer				Address			
Your Official Job Title				Supervisor's Name & Title		Phone Number	
From Month	Year	To Month	Year	Total Months	If part-time, number of hours per week _____	Beginning Salary \$ _____ per _____	Ending Salary \$ _____ per _____
Reason for leaving							
Describe your duties in detail:							

3. Employer				Address			
Your Official Job Title				Supervisor's Name & Title		Phone Number	
From Month	Year	To Month	Year	Total Months	If part-time, number of hours per week _____	Beginning Salary \$ _____ per _____	Ending Salary \$ _____ per _____
Reason for leaving							
Describe your duties in detail:							

4. Employer					Address				
Your Official Job Title					Supervisor's Name & Title			Phone Number	
From Month Year		To Month Year		Total Months	If part-time, number of hours per week _____	Beginning Salary		Ending Salary	
						\$ _____ per _____	\$ _____ per _____		
Reason for leaving									
Describe your duties in detail:									

5. Employer					Address				
Your Official Job Title					Supervisor's Name & Title			Phone Number	
From Month Year		To Month Year		Total Months	If part-time, number of hours per week _____	Beginning Salary		Ending Salary	
						\$ _____ per _____	\$ _____ per _____		
Reason for leaving									
Describe your duties in detail:									

APPLICANT'S STATEMENT
PLEASE READ CAREFULLY

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the County or its agents to conduct a thorough investigation into my current or prior employment and any other area of my background, including criminal background (regardless of adjudication) which the County believes relevant to my employment. I do further fully consent to the release and disclosure to the County or its agents from any persons, companies, corporations or governmental agency any information sought concerning my background and do further release from liability the County or its agents for actions taken in connection with this investigation, as well as any persons, companies, corporations or governmental agencies disclosing such information

I acknowledge that any false information provided by me to the County or by others at my direction, either on this application or otherwise, shall constitute grounds for immediate discharge, regardless of when the false information is discovered by the County. Similarly, I understand that my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which is deemed by the County to be unsatisfactory shall constitute grounds for immediate discharge, also regardless of when discovered.

Finally, I understand that the County may require a medical or other examination at the time an employment offer is extended and may condition an offer of employment on the successful completion of that examination. Employees and applicants are also subject to drug and alcohol testing at the discretion of the County. Polygraph examinations may also be required by the County where permissible by law.

Signature of Applicant

Name (Please Print)

Previous Last Names

Date

Pursuant to Chapter 119, Fla. Statutes, personnel records and job applications shall be open for a personal inspection by any person.