

APPLICATION FOR EMPLOYMENT

COUNTY OF OSCEOLA

PERSONAL INFORMATION

PLEASE RETURN THIS APPLICATION TO:

ADDRESS ON JOB POSTING

APPLICANT INSTRUCTIONS

IF YOU NEED HELP TO FILL OUT THIS APPLICATION FORM OR FOR ANY PHASE OF THE EMPLOYMENT PROCESS, PLEASE NOTIFY THE PERSON THAT GAVE YOU THIS FORM AND EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR NEEDS IN A REASONABLE AMOUNT OF TIME.

1. PLEASE READ "APPLICANT NOTE."
2. COMPLETE BOTH SIDES OF THIS FORM.
3. IF MORE SPACE IS NEEDED TO COMPLETE ANY QUESTION, USE COMMENTS SECTION ON THE BACK.
4. PRINT CLEARLY; INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.
5. SOME PACKETS MAY HAVE AN ATTACHED AFFIRMATIVE ACTION QUESTIONNAIRE. THIS INFORMATION IS BEING GATHERED FOR AFFIRMATIVE ACTION UNDER SECTION 503 OF THE REHABILITATION ACT OF 1973. THE INFORMATION REQUESTED IS VOLUNTARY AND WILL BE KEPT CONFIDENTIAL. AN APPLICANT WILL NOT BE SUBJECT TO ANY ADVERSE TREATMENT FOR REFUSING TO COMPLETE THE QUESTIONNAIRE.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS UNTIL INSTRUCTED.

DATE: _____

NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CURRENT ADDRESS: _____

STREET

CITY STATE ZIP

PRIOR ADDRESS: _____

STREET

CITY STATE ZIP

APPLICANT NOTE:

THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. THIS IS NOT AN EMPLOYMENT CONTRACT. PLEASE ANSWER ALL APPROPRIATE QUESTIONS COMPLETELY AND ACCURATELY. FALSE OR MISLEADING STATEMENTS DURING THE INTERVIEW AND ON THIS FORM ARE GROUNDS FOR TERMINATING THE APPLICANT PROCESS OR, IF DISCOVERED AFTER EMPLOYMENT, TERMINATING EMPLOYMENT. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF SEX, MARITAL STATUS, RACE, AGE, CREED, NATIONAL ORIGIN OR THE PRESENCE OF DISABILITIES. AFFIRMATIVE ACTION HIRING MAY BE REQUESTED BY QUALIFIED APPLICANTS. ADDITIONAL TESTING OF JOB-RELATED SKILLS AND FOR THE PRESENCE OF DRUGS IN YOUR BODY MAY BE REQUIRED PRIOR TO EMPLOYMENT. AFTER AN OFFER OF EMPLOYMENT, AND PRIOR TO REPORTING TO WORK, YOU MAY BE REQUIRED TO SUBMIT TO A MEDICAL REVIEW. DEPENDING ON COMPANY POLICY AND THE NEEDS OF THE JOB, YOU WILL BE REQUIRED TO COMPLETE A MEDICAL HISTORY FORM AND MAY BE REQUIRED TO BE EXAMINED BY A MEDICAL PROFESSIONAL DESIGNATED BY THE COMPANY.

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? _____ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? _____ IF YES, GIVE DATE _____

HAVE YOU BEEN EMPLOYED WITH US BEFORE? _____ IF YES, GIVE DATE(S) _____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?
 _____ YES _____ NO (If yes, attach work permit)

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? _____
PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.

ARE YOU AVAILABLE TO WORK: ___ FULL TIME ___ PART TIME ___ SHIFT WORK ___ TEMPORARY

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? IF YES WOULD YOU PLEASE DESCRIBE _____

(IN ACCORDANCE WITH COMPANY POLICY THIS INFORMATION WILL BE REVIEWED FOR JOB RELATEDNESS AND TIME SINCE LAST CONVICTION. A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS AGE, TIME OF OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE CONSIDERED.)

HAVE YOU USED ANY NAMES OTHER THAN THOSE ON THIS APPLICATION? IF SO, PLEASE LIST: _____

ARE YOU A RELATIVE BY BIRTH OR MARRIAGE TO ANY COUNTY EMPLOYEE? _____ IF YES, PLEASE LIST: _____

JOB RELATED SKILLS

NOTE: DO NOT FILL OUT ANY PART OF THIS SECTION YOU BELIEVE TO BE NON-JOB RELATED.

LIST ANY LANGUAGES IN WHICH YOU ARE FLUENT _____

___ YES ___ NO CAN YOU TRAVEL IF A JOB REQUIRES IT?

___ YES ___ NO IF THE JOB REQUIRES, DO YOU HAVE THE APPROPRIATE VALID DRIVERS LICENSE?

___ YES ___ NO HAVE YOU BEEN GIVEN A JOB DESCRIPTION OR HAD THE REQUIREMENTS OF THE JOB EXPLAINED TO YOU?

___ YES ___ NO DO YOU UNDERSTAND THESE REQUIREMENTS?

___ YES ___ NO CAN YOU PERFORM THE REQUIREMENTS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS?

EDUCATION

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (SPECIFY)				

EMPLOYMENT EXPERIENCE

<u>EMPLOYER</u>	<u>DATES EMPLOYED</u> FROM / TO	<u>WORK PERFORMED</u>
ADDRESS		
TELEPHONE NUMBER	HOURLY RATE/ SALARY STARTING/FINAL	
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO

<u>EMPLOYER</u>	<u>DATES EMPLOYED</u> FROM / TO	<u>WORK PERFORMED</u>
ADDRESS		
TELEPHONE NUMBER	HOURLY RATE/ SALARY STARTING/FINAL	
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO

<u>EMPLOYER</u>	<u>DATES EMPLOYED</u> FROM / TO	<u>WORK PERFORMED</u>
ADDRESS		
TELEPHONE NUMBER	HOURLY RATE/ SALARY STARTING/FINAL	
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIALIZED SKILLS: TRAINING/SKILLS/EQUIPMENT OPERATED

DESCRIBE ANY SPECIALIZED TRAINING (SUCH AS WORD PROCESSING, SPREADSHEET OR DATA SOFTWARE PROGRAMS), EQUIPMENT OR MACHINE OPERATIONS WHICH YOU FEEL MAY CONTRIBUTE TO YOUR PERFORMING THE POSITION.

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

REFERENCES

PLEASE GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. PLEASE DO NOT INCLUDE ANY RELATIVES.

NAME AND ADDRESS	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

COMMENTS

PLEASE STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER, NOTING THE SECTION INFORMATION PERTAINS TO.

CERTIFY AND RELEASE

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICANT NOTE ON PAGE ONE OF THIS FORM AND THAT THE ANSWERS GIVEN BY ME ON THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I AUTHORIZE THE COUNTY, AND/OR ITS AGENTS, INCLUDING CONSUMER REPORTING BUREAUS TO VERIFY ANY OF THIS INFORMATION INCLUDING, BUT NOT LIMITED TO, CRIMINAL HISTORY BACKGROUND AND HEREBY RELEASE ANY SAID PERSON, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION. I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED DURING EMPLOYMENT. IF COUNTY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT. I UNDERSTAND THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT AN EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

(DATE)

SIGNATURE

FOR PERSONNEL DEPARTMENT USE ONLY

RESUME ATTACHED () YES () NO

ARRANGE INTERVIEW () YES () NO DATE: _____

INTERVIEWED BY: _____

EMPLOYED () YES () NO

DATE OF EMPLOYMENT _____

EMPLOYMENT PHYSICAL/TESTING SCHEDULED: _____

JOB TITLE: _____

DEPARTMENT: _____

HOURLY RATE/SALARY: _____

WEEKLY SCHEDULE: (CIRCLE ONE) 35.0 37.5 40.0 OTHER _____

COMMENTS: _____