

# APPLICATION FOR EMPLOYMENT

## COUNTY OF OSCEOLA

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**PERSONAL INFORMATION**

PLEASE RETURN THIS APPLICATION TO:

**ADDRESS ON JOB POSTING**

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**APPLICANT INSTRUCTIONS**

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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.

**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.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

STREET

CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_

STREET

CITY STATE ZIP

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**EMPLOYMENT DESIRED**

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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.

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**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:

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**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: \_\_\_\_\_