

APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES DEPARTMENT
Telephone (407) 665-7945

1101 EAST FIRST STREET
Career Opportunity Line (407) 665-7816

SANFORD, FLORIDA 32771
FAX (407) 665-7939

APPLYING FOR POSITION OF: _____

REQUISITION NUMBER: _____

HOW DID YOU LEARN ABOUT THIS JOB: (Please check one or more as applicable)

- Newspaper (Name: _____)
 Internet
 Our Job Line
 Seminole Govt TV
 Job Fair
 Friend/Relative
 Professional/Trade Journal
 School Placement Office
 Job Service of Florida
 Seminole County Employee
 Other (_____)

PERSONAL INFORMATION

**Print Name
In Full**

_____ Last _____ First _____ Middle Initial

**Home
Address**

_____ Number and Street _____ City _____ State _____ Zip Code

**Telephone
Number**

Listed _____ City _____ State _____ Zip Code
 Unlisted (_____) (_____) (_____)
AREA CODE Home AREA CODE Work AREA CODE Alternate

DRIVER'S LICENSE INFORMATION: Do you have a valid driver's license? Yes No Class _____

EDUCATION AND TRAINING

	Name of School	City and State	College Major	Degree Received
High School				
College				
Graduate School				
Other – Give Type				

ADDITIONAL PERSONAL INFORMATION

Answer the following questions by placing an "X" under "YES" or "NO". If you have a "YES" answer, please explain in the space provided.

		YES	NO
1	Have you ever been convicted of any moving violations in the past five (5) years (including traffic tickets)? If yes, explain below.		
2	Have you ever been convicted of a felony? (A conviction does not automatically disqualify. Give all the facts so that a decision can be made.) If yes, explain below.		
3	Have you ever been discharged from a job? If yes, explain below.		
4	Have you ever been employed by Seminole County Government? If yes, indicate below date(s) of employment, Department(s)/Division(s), positions and reason for leaving.		
5	Are any members of your family or relatives (by blood or marriage) employed by Seminole County Government? If yes, indicate below their name(s), Department(s)/Division(s), positions and relationship.		
6	Do you have the legal right to work in the United States?		

Space for detailed answers. Please indicate question number to which answers apply.

↑ ATTACH AN ADDITIONAL PAGE IF NEEDED ↓

VETERANS PREFERENCE

Do you wish Veterans' Preference? Yes No
 If Yes, Branch _____ Entry Date _____ Discharge Date _____

Note: PLEASE SUBMIT YOUR DD-214 AND COMPLETE THE SEMINOLE COUNTY "APPLICATION FOR VETERANS' PREFERENCE (0007)" FOR VETERANS' PREFERENCE CONSIDERATION.

LICENSES AND REGISTRATIONS

Use this space to indicate any Professional or Occupational Licenses, Registration of Certification (C.P.A., Professional Engineer, Inspection Certification, etc.) you currently hold.

License Type		
License/Certification Number	Effective Date	Expiration Date

WORK HISTORY

Please list ALL employment and volunteer experience, including temporary and part-time, for at least the past five years. Begin with your most recent employer. Account for all periods of time, including unemployment and service in the Armed Forces.

May we contact your present employer? Yes No

Current or Last Employer		Dates Employed From: To:	
Address (Number and Street)		Phone Number	Supervisor's Name
City	State	Zip Code	Your Job Title
Reason for Leaving			Hours Worked Per Week
Duties			SALARY Starting: \$ _____ per _____ Ending: \$ _____ per _____

Previous Employer		Dates Employed From: To:	
Address (Number and Street)		Phone Number	Supervisor's Name
City	State	Zip Code	Your Job Title
Reason for Leaving			Hours Worked Per Week
Duties			SALARY Starting: \$ _____ per _____ Ending: \$ _____ per _____

Previous Employer		Dates Employed From: To:	
Address (Number and Street)		Phone Number	Supervisor's Name
City	State	Zip Code	Your Job Title
Reason for Leaving			Hours Worked Per Week
Duties			SALARY Starting: \$ _____ per _____ Ending: \$ _____ per _____

↑ ATTACH AN ADDITIONAL PAGE IF NEEDED ↓

SPECIALIZED SKILLS

Please list any pertinent skills or knowledge that you may have (computer, computer software; heavy equipment; mechanical, electrical construction tools/equipment, et cetera).

↑ ATTACH AN ADDITIONAL PAGE IF NEEDED ↓

CERTIFICATION

The Human Resources Department or otherwise designated Seminole County Department is authorized to verify any or all of the information contained on the application form. A false answer to any question(s) in this application may be grounds for non-selection, or for termination after you begin work. All statements are subject to investigation including a check of your training and experience statements. Your application may be subject to public inspection in accordance with Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with Seminole County Government. If accepted for employment I agree to abide by and comply with all rules, regulations, and policies and procedures of Seminole County. I understand and agree that I am free to terminate my employment at any time. I further understand that my employer has the right to terminate my employment during my initial probationary period with or without cause. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies, and procedures of the Seminole County Board of County Commissioners.

SIGNATURE

DATE