

LIBERTY COUNTY FLORIDA
EMPLOYMENT APPLICATION COVER SHEET

Please read carefully before you fill out any portion of the attached employment application

All sections of this application for employment **MUST** be completed and filled out in ink. It **MUST** be legible...if you have problems please ask someone to assist you in this endeavor. Picture I.D. Card required.

ALL applicants are required to take a pre-employment drug test. This is a pass/fail situation. **ZERO TOLERANCE!!!** Further, by your signature, you understand that there may be random drug screenings if you do become employed. Any refusal to submit will be grounds for immediate termination – no questions!!

ALL applicants will be required to submit to a [REDACTED] "Background Investigation." Again, this is required. If you refuse or fail this step, any further favorable action on your application will stop immediately and be returned to the individual with an explanation.

DO NOT LOSE OR DESTROY THIS COVER SHEET – YOU WILL BE REQUIRED TO SIGN IT AND IT WILL BECOME A PERMANENT PART OF YOUR RECORD SHOULD YOU BE HIRED.

Remember, all information you submit will be verified. False or misleading statements will lead to immediate disqualification or employment termination.

Your application will be valid for six (6) months.

Please print your full name

Date Signed

Your Signature

PERSONAL REFERENCES: List the names and address of at least three individuals you have known for a period of one year (to include Phone number)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST ANY AND ALL FELONY CONVICTIONS:

(Use attached paper if needed)

****VETERANS PREFERENCE****

(If you intend to exercise this right your options will be explained)

Please attach your DD214 to this application

****PROFESSIONAL TRAINING OR COLLEGE DEGREE PROGRAMS****

(Please attach copy)

To include all other advanced certificates you feel may have a bearing on your employment

WORK RECORD: Please list your last three places of employment.

Company Name _____ Phone Number _____

Supervisor: _____

Dates of Employment _____

Reason for Leaving _____

Company Name _____ Phone Number _____

Supervisor: _____

Dates of Employment _____

Reason for Leaving _____

Company Name _____ Phone Number _____

Supervisor: _____

Dates of Employment _____

Reason for Leaving _____

EDUCATION

Beginning with HIGH SCHOOL please indicate the number of years completed.

High School ()

Vocational/Technical School ()

College or University () Attach a copy of your degree and or any supporting data you may wish to accompany this application.

Are you a citizen of the United States (yes) (no) circle one.

PRINTED NAME OF APPLICANT

DATE SIGNED

SIGNATURE

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272(voice or (202) 720-6382 (TDD).

This institution is an equal opportunity provider, and employer.