

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

WORK RECORD:

List below all previous employment. **Begin with your present position in block number 1 and work back.** Also include volunteer work or hobbies in which the experience you gained is particularly relevant to the position you are applying for. Please be specific and give as much information as possible when you describe the duties of previous RELEVANT jobs.

1 Job Title _____
Company _____
City/State _____ Phone (____) _____
Supervisor's Name _____
Supervisor's Title _____
Dates Employed (From) _____ (To) _____
Mo / Yr Mo / Yr
Hours Worked Per Week _____ Salary \$ _____ Per _____
Reason For Leaving _____

Specific Duties _____

2 Job Title _____
Company _____
City/State _____ Phone (____) _____
Supervisor's Name _____
Supervisor's Title _____
Dates Employed (From) _____ (To) _____
Mo / Yr Mo / Yr
Hours Worked Per Week _____ Salary \$ _____ Per _____
Reason For Leaving _____

Specific Duties _____

3 Job Title _____
Company _____
City/State _____ Phone (____) _____
Supervisor's Name _____
Supervisor's Title _____
Dates Employed (From) _____ (To) _____
Mo / Yr Mo / Yr
Hours Worked Per Week _____ Salary \$ _____ Per _____
Reason For Leaving _____

Specific Duties _____

4 Job Title _____
Company _____
City/State _____ Phone (____) _____
Supervisor's Name _____
Supervisor's Title _____
Dates Employed (From) _____ (To) _____
Mo / Yr Mo / Yr
Hours Worked Per Week _____ Salary \$ _____ Per _____
Reason For Leaving _____

Specific Duties _____

5 Job Title _____
Company _____
City/State _____ Phone (____) _____
Supervisor's Name _____
Supervisor's Title _____
Dates Employed (From) _____ (To) _____
Mo / Yr Mo / Yr
Hours Worked Per Week _____ Salary \$ _____ Per _____
Reason For Leaving _____

Specific Duties _____

OFFICE SKILLS — Please indicate areas of competency:

- Calculator Filing Typing _____ wpm
 Dictaphone Switchboard Shorthand _____ wpm
 Personal Computer; Type(s) _____
 Software _____

TRADE SKILLS — Check all that apply:

- Automotive Mechanic (explain) _____
 Electrician (explain) _____
 Carpentry: _____ Framing _____ Finish
 Furniture Repair (explain) _____
 HVAC: _____ Boilers _____ Ductwork _____ Refrigeration Systems
 _____ Chillers _____ Pneumatic Controls
 Plumbing: _____ Rough-in _____ Clean-out
 Painting: _____ Trim _____ Pressure Cleaning _____ Spray _____ Caulking
 Custodial Work: _____ Floor Polishers _____ Carpet Shampooing/Cleaning Machines
 Groundskeeping: _____ Mowing _____ Pest Control _____ Fence Repair/Installation
 _____ Tree/Shrubbery Maintenance
 Small Engine Repair (explain) _____
 Welding (explain) _____

EQUIPMENT — Please indicate the length of time you have operated any of the following:

HOW LONG	TYPE	HOW LONG	TYPE
_____	Chainsaw	_____	Bull Dozer
_____	Power Tools (saws, drills, etc.)	_____	Farm Tractor
_____	4 Yard Dump Truck	_____	Tractor with Slope Mower
_____	Tandem Dump Truck	_____	Tractor with Bush Hog
_____	Flatbed Truck	_____	Tractor with Rotovator
_____	Motor Grader	_____	Tractor with Seeder/Mulcher
_____	Hydraulic Excavator	_____	Front End Loader/Backhoe
_____	Drag Line	_____	Roller/Rubber or Steel Tire

OTHER SKILL AREAS — Please be specific:

CERTIFICATE OF APPLICANT (PLEASE READ CAREFULLY)

I hereby certify that all statements made in this application and any attachments to it are true. I understand that any misstatement, misrepresentation or omission of fact may be cause for my application not to be considered; or, if I have been employed, may be cause for my immediate dismissal. I authorize the Personnel Director of Leon County to verify information contained in this application and attachments. I further authorize anyone having such information to release it. I have no objection to having my record cleared through appropriate law enforcement agencies.

Date _____ Signature of Applicant _____

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.