

**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.

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 subject to a “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 90 days.

Position applying for _____

Please print your full name

Date Signed

Your Signature

APPLICATION FOR EMPLOYMENT

Name _____
Last
First
Middle

Present Address _____ How long have you lived there? _____
Street and No.
City/State
Zip
Years
Months

Previous Address _____ How long did you live there? _____
Street and No.
City/State
Zip
Years
Months

Telephone No. _____ Are you 18 years of age or older? Yes No

Have you ever worked for this company before? Yes No

If yes, please give dates and position: _____

Do you have any friends or relatives working here?

If yes, Name: _____ Relationship: _____

Have you ever pled guilty or “no contest” to a felony, been convicted of a felony, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? Yes No

If Yes, please give date and details of each: _____

PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment.

Present or Past Employer Address _____ City/State/Zip _____ Telephone _____	From _____ To _____	Position _____ Supervisor _____	Reason for leaving _____
Previous Employer Address _____ City/State/Zip _____ Telephone _____	From _____ To _____	Position _____ Supervisor _____	Reason for leaving _____
Previous Employer Address _____ City/State/Zip _____ Telephone _____	From _____ To _____	Position _____ Supervisor _____	Reason for leaving _____

Previous Employer Address _____ City/State/Zip _____ Telephone _____	From To	Position Supervisor	Reason for leaving
Previous Employer Address _____ City/State/Zip _____ Telephone _____	From To	Position Supervisor	Reason for leaving

Have you ever been terminated? [] Yes [] No If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

EDUCATION

	School Name/Location	Years Completed	Degree	Study or Major
Elementary				
High School				
College/University				
Graduate/Professional				
Trade/Correspondence				
Other				

PERSONAL REFERENCES

(No relatives)

Name	Relationship	Address	Telephone Number

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

****VETERANS PREFERENCE****

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

Please attach your DD214 to this application

This company is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age, marital status, disability, veteran status, national origin, pregnancy, genetic information, sexual orientation, gender identity, or any other protected category.

APPLICANT'S ATTESTATIONS

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will."

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I authorize the Company to conduct electronic inquiry related to my background, including review of all social networking sites and Internet sites and to make adverse decisions as a result of such inquiries. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

I HEREBY CERTIFY that all of the information that I have provided in this application is true and accurate.

Date

Signature of Applicant