

SOUTH WALTON COUNTY MOSQUITO CONTROL DISTRICT

APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Veterans Preference Employer and a Drug Free Workplace

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

Last name (Please Print) _____ First _____ Middle _____ Date _____

Present Address: Street _____ City/State _____ Zip Code _____ Telephone number _____

Only U.S. citizens or individuals who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Have you ever been convicted of a felony? Yes No If **Yes**, give dates and explain. (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

Are you 18 years of age or older? Yes No Position applying for: _____

Do you possess a valid Florida drivers license? Yes No Drivers License # _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School	No. Of Years Completed	Degree Received	Major Course of Study
High School/GED				
College/University				
Vocational/Business				
Other Studies/Special Training				

Other skills: List any other job-related skills, qualifications, licenses or certifications that support your application.

Honors Received: _____

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? Yes No If **Yes**, identify names and relevant dates. _____

Have you had prior educational experience which relates to the job for which you are applying? Yes No If **Yes**, describe: _____

Are you a veteran of the U.S. Military? Yes No If **Yes**, what branch? _____
 If **Yes**, beginning date and ending date of active duty: From: _____ To: _____
Yr./Mo. Yr./Mo.
 Date of Discharge from Military: _____

Veterans Preference: Certain veterans, spouses of veterans, and certain family members of veterans are entitled to Veterans Preference under Florida law. If you claim Veterans Preference, all required documentation must accompany your resume/application or be submitted prior to the closing date of the job posting if the position is posted. If any preference-eligible applicant claiming Veterans Preference for a vacant position is not selected for the position, the applicant has the right to an investigation by the Division of Veterans Affairs if a non-preference eligible applicant is appointed to the position. In order to commence the investigation, the applicant must file a written complaint addressed to Florida Department of Veterans Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, Florida 33778-1630, 727-518-3202, Ext. 5511. A complaint shall be filed within 60 days after notice of the hiring decision. If a notice of hiring decision is not given, it is the responsibility of the veteran to contact the employer within 45 days of the application or interview date whichever is later to determine if the position has been filled. See our website www.swcmcd.org for more information.

Do you wish to claim Veterans Preference? Yes No (Not applicable for seasonal and on-call positions)

EMPLOYMENT EXPERIENCE:

ALL FORMER JOBS (List most recent jobs first.) Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No.
Work Performed		
Reason for Leaving		

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No.
Work Performed		
Reason for Leaving		

EMPLOYMENT EXPERIENCE: CONTINUED

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No.
Work Performed		
Reason for Leaving		

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No.
Work Performed		
Reason for Leaving		

Do you have transportation to work? Yes No Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No If **Yes**, explain:

Do you have any friends or relatives who work here? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

Are you now employed? Yes No

Are you on a layoff? Yes No

If yes are you subject to recall? Yes No

May we contact your present Employer? Yes No Previous Employers? Yes No

Please identify any exceptions. Re: contact of prior employers: _____

CHARACTER REFERENCES:

List three persons not related to you, whom you have known at least one year, who have knowledge of your qualifications.

NAME

ADDRESS AND TELEPHONE

OCCUPATION

1. _____

2. _____

3. _____

List below any other information or remarks that you wish to have considered as a part of your application for employment. _____

Have you filed an application here before? Yes No If **Yes**, give date: _____

Have you ever been employed here before? Yes No If **Yes**, give dates: _____

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND STATEMENT

South Walton County Mosquito Control District is an, equal opportunity employer who always employs the best qualified individual for the job based upon job-related qualifications and regardless of race, color, national origin, marital status, age, sex, or other protected status under federal, state or local law.

The District complies with the mandates of the Americans with Disabilities Act. Disabled individuals are encouraged to apply for positions, and the District will reasonably accommodate such individuals with respect to the job applied for by the applicant. If special assistance is needed in the application process, please feel free to contact the Administrative staff of the District.

I hereby certify that all statements made hereon and attached hereto are correct to the best of my knowledge and fully understand that any false statement, misrepresentation, or omission of facts, maybe cause for denying me the right to employment or for my later dismissal. I understand if I am employed, there is no employment contract or guarantee of permanent employment with the District. I agree, if hired to abide by all policies, procedures, rules and regulations of the South Walton County Mosquito Control District.

Permission is hereby granted to the District to verify my educational history and driving record and conduct a criminal background check. I understand that my employment is contingent upon the accuracy of the information contained herein, and that if I am employed, the information given in this application will become part of my personnel records.

I agree and understand that if the information I have given is found to be false in any way it shall be considered sufficient cause for denial of further consideration for employment or discharge.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date