

LEE COUNTY MOSQUITO/HYACINTH CONTROL DISTRICTS

An Affirmative Action/Equal Opportunity Employer

A Drug-Free Workplace

Post Office Box 60005
 Fort Myers, Florida 33906
 Telephone: 239-694-2174

It is important that you answer all questions on this application fully and accurately. Failure to do so may delay consideration and could result in loss of employment opportunities. If an item does not apply to you, please write N.A. - not applicable. Note: Falsification of any information may result in rejection of your application or your dismissal, if you are hired.

Type or print in ink.

Name: _____				Social Security Number _____ - _____ - _____	
Last	First	Middle			
Address: _____					Phone: Home _____ Bus. _____
Street	City	County	State	Zip Code	
Date of Application _____	Position Applied For _____	Minimum Acceptable Salary _____	Available by _____	Other position for which you wish to be considered _____ Part time? ____ Temp? ____	
If you are under 18, state: _____ Age _____ Date of Birth _____		Have you ever served in the military service of the U.S. _____ Branch of service _____ Date of induction _____ Date of Discharge _____ Military Occupation _____			
SCHOOLS	NAME & ADDRESS OF SCHOOLS	Dates Attended	Did you graduate	S/Q HRS	MAJOR COURSE WORK/ & DEGREE
Grade School					
High School (GED)					
College University					
Vocational-Business					
Military Schools					
Other Studies/Special Training					
Circle Highest Grade Completed					
Grade School 1 2 3 4 5 6 7 8		High School 1 2 3 4		College 1 2 3 4	
Graduate School 1 2 3 4					
In your own words, explain how you qualify for the position(s) applied for. Please be specific.					
Are you able to perform the tasks for which you have applied with or without reasonable accommodations? How would you perform these tasks and with what accommodations?					

Experience: Begin with your present or last job and describe in detail all periods of employment including self-employment. Include military service and part-time employment. Include volunteer work. Account for your time during any intervals of unemployment other than those when you were attending school. Use additional sheet if necessary.

1. Most recent Name of Employer _____ Address of Employer _____ Job Title _____ Describe Duties, Responsibilities and Accomplishments _____ _____ Reason for Leaving _____	Phone: () _____	From (Mo) _____ Yr. _____ To (Mo) _____ Yr. _____ Full Time ____ Part time ____ Starting Salary _____ Last Salary _____ Supervisor's Name _____ _____ Title _____
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2. Name of Employer Address of Employer _____ Job Title _____ Describe Duties, Responsibilities and Accomplishments _____ _____ Reason for Leaving _____	Phone: () _____	From (Mo) _____ Yr. _____ To (Mo) _____ Yr. _____ Full Time ____ Part time ____ Starting Salary _____ Last Salary _____ Supervisor's Name _____ _____ Title _____
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3. Name of Employer Address of Employer _____ Job Title _____ Describe Duties, Responsibilities and Accomplishments _____ _____ Reason for Leaving _____	Phone: () _____	From (Mo) _____ Yr. _____ To (Mo) _____ Yr. _____ Full Time ____ Part time ____ Starting Salary _____ Last Salary _____ Supervisor's Name _____ _____ Title _____
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Do you have any objections to the agency or the Director of Personnel making inquiry of your PRESENT employer regarding your qualifications?
 Yes _____ No _____ NOTE: We may contact your past employers to verify your description of past duties.

Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any job?
 Yes _____ No _____ If yes, explain details: _____

Give the following information about any professional registration, licensure or certification you hold:
 Type: _____
 Authorized by: _____ Official No. _____
 Do you possess a valid Florida Driver's License _____ CDL License _____ License No. _____
 Give details of any special skills, training, or apprenticeship (include skills with machines, tools, and motor equipment).

 _____ Short-hand speed _____ Typing Speed _____

NOTE: A conviction does not automatically disqualify you. What you were convicted of and how long ago are important. Please give all the facts:

Have you ever been convicted for violation of any law, police regulation or ordinance other than minor traffic violations? _____
 (Include convictions incurred while in military service.) If yes, please describe the conviction(s) -- include date, _____ (Yes) _____ (No)
 charge, location, disposition, and court.

If you were imprisoned, describe any special training you may have received.

	NAME	OCCUPATION	ADDRESS	PHONE NUMBER	YRS. KNOWN
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

READ THE FOLLOWING STATEMENTS BEFORE SIGNING YOUR APPLICATION. I certify that all information given on this employment application, related employment papers and oral interviews is true and correct. I understand that the Employer will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the Employer. I understand that misstatements, omissions or falsifications so given, or other derogatory information discovered as a result of this investigation may cause any offer of employment to be withdrawn or my employment terminated.

I understand that, in accordance with Section 443.131, Florida Statutes, if hired, I will be placed on a one-hundred eighty (180) day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the one-hundred eighty (180) day probationary period, the Employer may seek to contest the unemployment benefits I might attempt to obtain as a result of my termination.

Signature: _____ Date: _____