

Jackson County Senior Citizens Org. Employment Application

| HOW DO WE CONTACT YOU: | | |
|------------------------|-----------------------------|----------------|
| Name _____ | | |
| Phone _____ | / _____ Alternate Number | |
| Mailing Address _____ | | |
| City _____ | State _____ | Zip Code _____ |
| Email Address _____ | | |

| POSITION APPLIED FOR: |
|-----------------------|
| Title: _____ |

EDUCATION

| HIGH SCHOOL | Received: |
|---|--------------------------|
| Name/Location of School _____ | Diploma _____ None _____ |
| Other (Specify) _____ | |
| Your Name, if different while attending school: _____ | |

| COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: | | | | |
|---|----------|--------------------|-----------------|-----------------------|
| Name of School | Location | Date of Attendance | Course of Study | Type of Degree Earned |
| | | | | |
| | | | | |
| | | | | |
| Your Name, if different while attending school: _____ | | | | |

| LICENSURE, REGISTRATION OR CERTIFICATION: | | | | |
|---|--------|---------------|-----------------|------------------------|
| License, Registration or Certificate | Number | Date Received | Expiration Date | State Licensing Agency |
| | | | | |
| | | | | |

PREVIOUS EMPLOYMENT

1

Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No. (_____) _____

FROM: ____/____/____ To: ____/____/____ HOURS PER WEEK: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

2

Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No. (_____) _____

FROM: ____/____/____ To: ____/____/____ HOURS PER WEEK: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

3

Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No. (_____) _____

FROM: ____/____/____ To: ____/____/____ HOURS PER WEEK: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

4

Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No. (_____) _____

FROM: ____/____/____ To: ____/____/____ HOURS PER WEEK: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

5

Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No. (_____) _____

FROM: ____/____/____ To: ____/____/____ HOURS PER WEEK: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

6

Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No. (_____) _____

FROM: ____/____/____ To: ____/____/____ HOURS PER WEEK: _____

Duties and Responsibilities: _____

Reason For Leaving: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**, OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)? YES NO

**Other covered jobs include but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see§ 119.071.F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____
Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____
Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH WAS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____
Where convicted? _____ Date of Conviction: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.]

CITIZENSHIP

The state of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

- 1. ARE YOU A U.S. CITIZEN? YES NO
- 2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING? YES NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY? YES NO

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: _____ DATE: _____