

# AFFIRMATIVE ACTION

## For Statistical Use Only

Completion of this form is voluntary. This data will not be kept with the application form, nor used in the decision to hire or not to hire. Return this with your employment application.

NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_

RACE:

- White
- Black
- Spanish Surname
- Asian/ Pacific Islander
- Amer. Indian/ Alaskan Native

SEX:  M  F  
HANDICAPPED:  YES  NO  
VETERAN:  YES  NO

### REFERRAL SOURCE

- County Job Announcement
- County Employee
- Walk-in/Came in on my own
- Correspondence

- Newspaper Ad
- Radio/TV Announcement
- FL State Employment
- Other: \_\_\_\_\_



Charlotte County Board of County Commissioners  
Human Resources Department  
1850 Murdock Circle  
Port Charlotte, Florida 33948-1094  
(941) 743-1260

## INSTRUCTIONS FOR COMPLETING EMPLOYMENT APPLICATION FORM

1. Your application is the first step in the process of obtaining employment with Charlotte County Board of County Commissioners. **PLEASE READ ALL INSTRUCTIONS CAREFULLY AND COMPLETE ALL STATEMENTS TO THE BEST OF YOUR KNOWLEDGE.** Falsification of information may result in rejection of the application or dismissal if you are employed by the Charlotte County Board of County Commissioners.
2. Please **PRINT** in **BLACK** or use a typewriter. Pencil is not acceptable. If an item does not apply to you, write in the letters. "NA" or Not Applicable.
3. **PERSONAL DATA:**
  - Double-check Social Security Card for correctness in printing number.
  - **IF HIRED YOU WILL BE REQUIRED TO FURNISH A VALID SOCIAL SECURITY CARD, PROOF OF IDENTITY, WORK AUTHORIZATION, FLORIDA DRIVERS LICENSE OR C.D.L., AND COLLEGE DEGREE (IF APPLICABLE).**
  - If you do not have a home phone, you must provide a phone number where you can be reached and/or a message taken.
  - If you change your address or telephone number, please notify us immediately.
4. **POSITION DATA:**

Positions applied for should correspond with your experience, training and education.
5. **EDUCATION DATA:**
  - Circle highest grade of school completed.
  - Give dates of attendance, credit hours, type of degree, major/minor.  
Be sure to answer 'HAVE YOU GRADUATED?'
  - List all technical and/or trade courses or programs you have attended.
  - Certain positions require that you produce evidence of licenses, certifications, or educational attainment.
6. **EMPLOYMENT RECORD:**
  - List all employment and salary history.
  - Account for any gaps between employment.
  - Give complete address, telephone of previous employer and name of immediate supervisor at all jobs listed.
7. You are required to sign and date your application. All statements should be complete and accurate to the best of your knowledge and are subject to verification. Falsification of information may result in rejection of the application or dismissal if you are employed by Charlotte County Board of County Commissioners. This information will be kept active for six (6) months from the date submitted. After the six (6) months period has expired applicants are required to complete a new application.

### EMPLOYMENT PROCESS INFORMATION

- ◆ Position vacancies are posted on Mondays.
- ◆ Applications for position vacancies are accepted during the posting period only. Persons with a disability requiring reasonable accommodation for testing must contact (941) 743-1260 before the scheduled test.
- ◆ Applications are screened and ranked by the Human Resources Department, according to the position's minimum qualification requirements and desired skills/experience.
- ◆ Applications of the highest qualified applicants are submitted to the hiring Department for review and consideration for interviews.
- ◆ Applicants not selected for interview/employment are notified by mail.
- ◆ The "JOB INFORMATION LINE", a recorded announcement of all County position vacancies is updated each Monday by 12:00 Noon. The number to call is (941) 743-1371. This number can be used 24 hours per day, 7 days per week. Please utilize this service when inquiring about job openings. WEBSITE: [www.charlottecountyfl.com](http://www.charlottecountyfl.com)
- ◆ If you wish to inquire about the position(s) for which you have applied, allow fifteen (15) days for your application to be processed. The number to call is (941) 743-1260 for inquiry.
- ◆ All job offers are contingent upon satisfactory completion of a physical examination conducted by the County's approved Medical unit. This examination includes screening for the presence of illegal narcotic substances.



# APPLICATION FOR EMPLOYMENT

Charlotte County Board of  
County Commissioners  
Human Resources Department  
18500 Murdock Circle  
Port Charlotte, FL 33948-1094  
Phone (941) 743-1260

NOTE: It is most important that you fill out this application completely. Incomplete forms will not be accepted for employment. A resume or reference letters are welcome but cannot be substituted for a completed application form. The information on this application remains active for a six (6) month period from submittal. A new application must be submitted after this six (6) month period.

An Affirmative Action/ Equal Opportunity Employer

## PERSONAL DATA

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apt. # City State Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Business/ Message Phone

Have you ever been employed anywhere under any other name(s)? Yes No If yes, please list name(s) \_\_\_\_\_  
Does the Charlotte County Board of County Commissioners employ any relative (by blood or marriage) or cohabitant of yours? \_\_\_\_\_ If YES, give name relationship and department where they work: \_\_\_\_\_  
Have you previously worked for Charlotte County? \_\_\_\_\_  
If so, when and in what capacity? \_\_\_\_\_

## AREAS OF EMPLOYMENT INTEREST

I hereby make application for employment with the Charlotte County government for the position(s) of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Citizenship YES NO If you are not a U.S. Citizen, do you have a work visa? YES NO

## TRAINING AND EDUCATION

Depending on the position sought, you may be requested to provide a copy of your high school or college transcript/ degree and/ or professional registration.

Please circle highest grade completed. Give dates of attendance, credit hours completed, type of degree, and major/ minor. Be sure to answer "HAVE YOU GRADUATED?" List all technical and/ or trade courses or programs you have completed.

Did you graduate from high school, or will you within the next nine months?

Yes/No \_\_\_\_\_ Month/ Year \_\_\_\_\_

Complete Highest Grade Completed

8 9 10 11 12 13 14 15 16 17 18

Name and location (city/ state) of last high school attended  
\_\_\_\_\_  
\_\_\_\_\_

Vocational trade, armed forces, business schools, or other relevant training:

Kind \_\_\_\_\_

Conducted by \_\_\_\_\_

Date Completed \_\_\_\_\_

Honors or Awards \_\_\_\_\_

Undergraduate/ Graduate Training: Transcripts, certificates or degrees are helpful					
Name and location of college or university	Dates Attended	Credits/ Years Completed	Type of Degree		
Undergraduate college subjects	No. of credits compl.		Graduate college subjects	No. of credits compl.	
	Semester Hours	Quarter Hours		Semester Hours	Quarter Hours
MAJOR:					
MINOR:					

Please list all education and training you believe qualifies you for the position you are seeking. Education and training are considered only to the extent they are related to the job for which you are being considered.

List the equipment you can operate and the years of experience:	Special License or Certificate		Secretarial Skill
	Word processing terminal _____	Kind _____	Typing WPM _____
	Personal computer _____	Issued By _____	Shorthand _____
	Construction Equipment _____	Date Issued _____	
Others _____	Expiration Date _____		

### PREVIOUS EMPLOYMENT

Please give complete name and address of all employers including military employment. Dates of employment, salary history, name and phone numbers of immediate supervisor must be included. Describe major duties performed, and types of machines or equipment operated. A resume may be attached as a supplement; however, you must complete all information requested on the application.

Begin with your current or most recent employer and list all previous employers in chronological order. Also, account for all periods of unemployment.

DO YOU HAVE ANY OBJECTION TO OUR CONTACTING YOUR PRESENT EMPLOYER?  YES  NO.

EMPLOYER \_\_\_\_\_ DATES OF EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month, Year Month, Year

KIND OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Area Code/Phone

POSITION HELD \_\_\_\_\_ NO. OF PEOPLE SUPERVISED \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties \_\_\_\_\_

SALARY OR EARNINGS	
Starting: _____	per _____
Ending: _____	per _____

EMPLOYER \_\_\_\_\_ DATES OF EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month, Year Month, Year

KIND OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Area Code/Phone

POSITION HELD \_\_\_\_\_ NO. OF PEOPLE SUPERVISED \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties \_\_\_\_\_

SALARY OR EARNINGS	
Starting: _____	per _____
Ending: _____	per _____

## GENERAL INFORMATION

A prior record of conviction(s) will not necessarily disqualify you from employment. Each case is considered individually. Withholding or falsifying information may result in termination if hired.

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? You may omit parking violations and any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law. \_\_\_\_\_

YES NO

If you answered "YES" explain \_\_\_\_\_

While in the military service, were you ever convicted by general court-martial? \_\_\_\_\_

If you answered "YES", explain \_\_\_\_\_

Do you possess a current, valid Florida driver's license? \_\_\_\_\_

If "NO", state reason \_\_\_\_\_

Florida Operator's License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Florida Commercial Driver's License \_\_\_\_\_ Expiration Date \_\_\_\_\_

If the position you are applying for requires the operation of County vehicle or equipment, you must answer accurately the following questions. If you are not sure of your answer, check the block marked "Don't Know". Those applications with answers checked "Don't Know" will not be processed until such time as a copy of the applicant's driving record has been obtained from the State in which they are licensed.

Have you been cited for any violations in which points were assessed against your license in the past three years? \_\_\_\_\_ Yes No Don't Know

If "YES", how many violations? \_\_\_\_\_ and how many points? \_\_\_\_\_

Has your Florida driver's license been suspended or revoked in the past three years? \_\_\_\_\_

If "YES", for what violations? \_\_\_\_\_

and for what period of time? \_\_\_\_\_

If your position requires the operation of County vehicles or equipment, your driving record will be checked with the Florida Department of Motor Vehicles.

## VETERAN'S PREFERENCE

Check the appropriate block if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application.

- 1. A veteran with service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the US Veteran's Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for at least 1 day or more and who was honorably discharged from the Armed Forces of the United States of America in any part of such active duty was performed during a wartime era, excluding active duty training, or
- 4. The un-remarried widow or widower of a veteran who died of a service connected disability.

\_\_\_\_\_  
BRANCH OF SERVICE

\_\_\_\_\_  
DATE OF ENTRY

\_\_\_\_\_  
DATE OF DISCHARGE

Have you ever claimed and been employed using veteran's preference since October 1, 1987? Yes  No

If "YES", \_\_\_\_\_

• As Defined by Florida Law

NOTE: Under Florida law, preference in appointment shall be given first to those included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

## ATTENTION-THIS STATEMENT MUST BE SIGNED READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING

1. Be advised that the Florida Supreme Court has ruled that all information supplied while making application for employment with all state, county and municipal entities and agencies, becomes a part of Public Record under provisions of Chapter 119 of Florida Statutes, and as such must be made available to interested parties upon specific request.
2. Charlotte County has my authorization to thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
3. I agree to submit to a medical examination and drug/alcohol test as required.
4. All information you provide will be considered in reviewing your application, and a false answer to any question may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers.

By my signature, I hereby authorize Charlotte County government to obtain college or university transcripts, and/or employment references from my former employers.

I CERTIFY that all statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

CERTIFICATION SIGNATURE (Sign in Ink)

DATE SIGNED

EMPLOYER \_\_\_\_\_ DATES OF EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month, Year Month, Year  
 KIND OF BUSINESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
Street City State Zip Area Code/Phone  
 POSITION HELD \_\_\_\_\_ NO. OF PEOPLE SUPERVISED \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SALARY OR EARNINGS**  
 Starting: \_\_\_\_\_ per \_\_\_\_\_  
 Ending: \_\_\_\_\_ per \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DATES OF EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month, Year Month, Year  
 KIND OF BUSINESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
Street City State Zip Area Code/Phone  
 POSITION HELD \_\_\_\_\_ NO. OF PEOPLE SUPERVISED \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SALARY OR EARNINGS**  
 Starting: \_\_\_\_\_ per \_\_\_\_\_  
 Ending: \_\_\_\_\_ per \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DATES OF EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month, Year Month, Year  
 KIND OF BUSINESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
Street City State Zip Area Code/Phone  
 POSITION HELD \_\_\_\_\_ NO. OF PEOPLE SUPERVISED \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SALARY OR EARNINGS**  
 Starting: \_\_\_\_\_ per \_\_\_\_\_  
 Ending: \_\_\_\_\_ per \_\_\_\_\_

**REFERENCES**

List two persons not related to you who have knowledge of your character:

1. \_\_\_\_\_  
Name Address (Street, City, State & Zip) Area Code/Phone
2. \_\_\_\_\_  
Name Address (Street, City, State & Zip) Area Code/Phone

REFERRAL SOURCE: (Check One)

- |                                       |  |  |                                   |
|---------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Newspaper    | <input type="checkbox"/> College Recruitment | <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Job Line |
| <input type="checkbox"/> Job Posting  | <input type="checkbox"/> Job Service of FL   | <input type="checkbox"/> Journal           | <input type="checkbox"/> Walk-In  |
| <input type="checkbox"/> Trade School | <input type="checkbox"/> High School Recruit | <input type="checkbox"/> Prof Org./ Assoc. | <input type="checkbox"/> Radio    |
| <input type="checkbox"/> Agency       | <input type="checkbox"/> Other _____         |  |                                   |