



DeSoto County Board of County Commissioners
APPLICATION FOR EMPLOYMENT

I. Personal

Name in full: _____
Last First Middle Social Security Number

Home Address: _____

Home Telephone Number: _____ Business: _____
(If applicable/necessary)

For which position are you applying?

Date you can start work: _____ Full-time Part-time Temporary

Have you ever worked for DeSoto County before? No Yes, (When) _____

If yes, give name and position you worked: _____

List all relatives (including in-laws) working for DeSoto County Board of County Commissioners:

Name _____ Relationship _____

Name _____ Relationship _____

Are you a U.S. Citizen? Yes No - If no, do you possess any of the required documents

which permit you to work here? No Yes - If yes, list documents: _____

If you are applying for a position which requires a driver's license, professional license, or other certification, please list below:

Type _____ Number _____

Type _____ Number _____

Type _____ Number _____

If you are offered a job, are you willing to take a post-offer medical examination to the extent permitted by the Americans with Disabilities Act? Yes No

II. Education

List all education or training which you believe qualifies you for the position you are seeking:

	Name & Location	From/To (Month/Year)	Course of Study	Graduate Yes/No	Specify Degree
High School					
Trade School					
Technical School					
College					
Armed Forces					
Other					

III. Employment

Begin with your PRESENT or most recent job and describe the specific duties and responsibilities. ALL periods of employment should be listed, including self-employment or internships. Military service must include rank.

1. Name of business: _____ Type of Business _____

Address: _____

Telephone number: _____ Date employed: From _____ To _____

Supervisor's name and title: _____

Your Job Title: _____ Salary: _____

Description of Duties: _____

Reason for leaving: _____

2. Name of business: _____ Type of Business _____
Address: _____
Telephone number: _____ Date employed: From _____ To _____
Supervisor's name and title: _____
Your Job Title: _____ Salary: _____
Description of Duties: _____
Reason for leaving: _____

3. Name of business: _____ Type of Business _____
Address: _____
Telephone number: _____ Date employed: From _____ To _____
Supervisor's name and title: _____
Your Job Title: _____ Salary: _____
Description of Duties: _____
Reason for leaving: _____

Prior Terminations:

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance?

No. Yes. If yes, give details, including the name of employer and supervisor who terminated your employment and the reason you were told you were terminated. _____

Do you agree that the reason given for your termination was valid? Yes No

IV. Miscellaneous

Have you ever been convicted of any crime (other than minor traffic violations) within the last five years?

No Yes (If applying for a position requiring driving, answer yes if any conviction of traffic violations.)

Explain the details and indicate when, where, and the disposition of each cause. (A conviction will not bar you from employment unless it is job related.) _____

Do you speak or read any language other than English? No Yes - Identify and describe your

proficiency level: _____

Veterans Preference: Check the appropriate block if you are claiming veterans preference.

Documentation substantiating your claim must be furnished at the time of application.

1. Disabled veterans who have served on active duty in any branch of the Armed Forces and who have a presently existing service-connected disability which is compensable under public laws administered by the VA or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the VA of the Department of Defense.

2. The spouse of any person who has a total and permanent service-connected disability and who, because of the disability, cannot qualify for employment or who is missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

3. A veteran, released under honorable conditions, who served at least one day of active duty during one of the following wartime periods: Spanish American War; Mexican Border Period, World War I, World War II, Korean Conflict, Vietnam Era or the Persian Gulf War. (See Florida Statute §1.01(14) for exact dates of the above war periods.

4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

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

Note: Under Florida law, preference in appointment shall be given by the State first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he or she may file a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or at any time if no notice is given.

I certify that I have not knowingly withheld any information requested in completing this application and I understand that misrepresentation or failure to disclose all information requested by me in this application will result in rejection of the application or dismissal from the County when later discovered. I authorize the County to conduct an investigation of the contents of this application and I specifically authorize any agency or person or entity to provide the County any information about me either considers in their discretion to be relevant to my past, present, or future employment.

Signature

Date