

It is important that you answer all questions on this application fully and truthfully, as failure to do so may delay consideration for employment or result in loss of employment opportunities. If an item does not apply to you, write NA (not applicable)
 TYPE OR PRINT IN INK/TONER



LEE COUNTY

SOUTHWEST FLORIDA APPLICATION FOR EMPLOYMENT

YOU MUST SHOW ORIGINAL SOCIAL SECURITY CARD PRIOR TO EMPLOYMENT
 Equal Opportunity / Affirmative Action Employer

Department of Human Resources
 P.O. Box 398, Ft. Myers, FL 33902
 (941) 335-2245

Lee County complies with local, state, and federal equal employment opportunity guidelines which prohibit discrimination based on race, religion, sex, color, national origin, handicap / disability, age and marital status.

| | | | |
|--|--------|----------------|----------------------|
| PERSONAL | | | Social Security No.: |
| Last Name: | First: | Middle: | Home Phone: |
| Street Address: | | | Work Phone: |
| City, State, Zip Code: | | | Message Phone: |
| Are you legally eligible for employment in the United States? | | | |
| In case of emergency notify: Name: _____ Phone: _____ Address: _____ | | | |
| Have you ever worked for us before? | | If yes, when ? | |
| List any relatives working for us: | | | |

| | |
|---|-------------------------|
| Position Title: | Position Reference No.: |
| Salary Expected: | Date you can begin: |
| Days and hours available for work: | |
| How did you learn about this position? (please specify) | |

| |
|--|
| Have you ever been convicted of any offence(s) other than minor traffic violations? <input type="checkbox"/> yes <input type="checkbox"/> no |
| If yes explain: |

| | |
|---|------------------------------|
| Complete this section <u>ONLY</u> if a driver's license is REQUIRED for this position (as advertised). | |
| State: _____ | Type: _____ Exp. Date: _____ |
| List all traffic violations in the last three years: | |
| Ever had a driver's license revoked ? <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, explain: |

| |
|--|
| For Clerical Applicants Only: |
| ____Word Processor (specify): _____ Calculator ____Typing _____wpm ____ Shorthand _____wpm |

| | | |
|--|----------------------------|--|
| Typing requirement met with _____ words per minute | For Office Use Only | Typing test required if called for interview _____ |
|--|----------------------------|--|

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: Grade school 1,2,3,4,5,6,7,8 High School 9,10,11,12 College 1,2,3,4 Graduate 1,2,3,4
If you received a GED, indicate date and issuing authority: _____

| School | Name and Location | Dates Attended | | Graduate? | Major Subject | Degree |
|-----------------------|-------------------|----------------|-----|------------------|---------------|--------|
| | | From | To | | | |
| High School | | N/A | N/A | ____ yes ____ no | N/A | N/A |
| College | | | | ____ yes ____ no | | |
| Vocation/ Business | | | | ____ yes ____ no | | |
| Other | | | | ____ yes ____ no | | |

Certifications: _____

MILITARY

Have you ever served in the armed forces? ____ yes ____ no If yes what branch? _____

Tours of duty _____ To _____ Rank at discharge: _____
mo. / day / year mo. / day / year

VETERANS' PREFERENCE (Complete this section *only* if you are claiming Veterans' Preference). Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987? ____ yes ____ no

If yes give name of employer: _____

If you claim Veterans' Preference, check the type below. Attach copies of the required documents to your application to support your claim. (Documents will not be returned).

| | |
|----|--|
| 1. | Veteran of a WARTIME ERA - Requires (A) DD214 or other document showing dates of service and type of discharge. |
| 2. | Disabled Veteran - Requires (A) and (B) letter of service connected disability from the V.A. |
| 3. | Veterans' Widow - Requires (A) and marriage and death certificates, and statement saying not remarried. |
| 4. | Disabled Veterans' Spouse - Requires (A) and (B), evidence of marriage to the veteran, a statement that the spouse is still married at the time of application, and proof that the disabled veteran cannot qualify for employment because of disability. |
| 5. | Permanently Disabled Veteran - Requires (A) indicating veteran is permanently disabled, or (A) and letter from V.A. indicating that the veteran is permanently disabled. |

Veterans' Preference documentation must be submitted at the time of initial application. If any preference-eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL. 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

NOTE: Veterans' Preference pertains to all positions except the following

1. Elected Officials
2. Board and Commission Members
3. County Administrator
4. Department Heads
5. Personal secretary of each such office or appointee
6. Division Directors and Policy-making positions
7. On-call employees and Temporary employees
8. Positions filled internally by means of promotion, demotion, or reassignment

EMPLOYMENT

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED

Beginning with your PRESENT or most recent employment, list in **REVERSE ORDER ALL** periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Be sure to describe your military experience, if any. Describe in detail your specific duties beginning with your primary duties. (Attach additional sheets if necessary).

| | | | | | | | | | |
|---------------------------------|-----------|-----------------------|----------|----------------------------|---|------------------|---------------|---------------|-----|
| 1. | Employer: | | Address: | | | | | | |
| Your Official Job Title: | | | | Supervisors Name & Title: | | | Phone Number: | | |
| From Month Year | | To Month Year | | Total Months | If part-time, Number of hours per week _____ | Beginning Salary | | Ending Salary | |
| | | | | | | \$ | per | \$ | per |
| Reason for leaving: | | | | | | | | | |
| Describe your duties in detail: | | | | | | | | | |
| 2. | Employer: | | Address: | | | | | | |
| Your Official Job Title: | | | | Supervisor's Name & Title: | | | Phone Number: | | |
| From Month Year | | To Month Year | | Total Months | If part-time, Number of hours per week _____ | Beginning Salary | | Ending Salary | |
| | | | | | | \$ | per | \$ | per |
| Reason for leaving: | | | | | | | | | |
| Describe your duties in detail: | | | | | | | | | |
| 3. | Employer: | | Address: | | | | | | |
| Your Official Job Title: | | | | Supervisors Name & Title: | | | Phone Number: | | |
| From Month Year | | To Month Year | | Total Months | If part-time, Number of hours per week _____ | Beginning Salary | | Ending Salary | |
| | | | | | | \$ | per | \$ | per |
| Reason for leaving: | | | | | | | | | |
| Describe your duties in detail: | | | | | | | | | |

This section is continued on the back of the application.

| | | | | | | | | | |
|--|-----------|----------|------|-----------------|---|------------------|-----|---------------|-----|
| 4. | Employer: | Address: | | | | | | | |
| Your Official Job Title: | | | | | Supervisors Name & Title: | | | Phone Number: | |
| From | | To | | Total Months | If part-time, Number of hours per week _____ | Beginning Salary | | Ending Salary | |
| Month | Year | Month | Year | | | \$ | per | \$ | per |
| | | | | | | | | | |
| Reason for leaving: | | | | | | | | | |
| Describe your duties in detail: | | | | | | | | | |
| | | | | | | | | | |
| 5. | Employer: | Address: | | | | | | | |
| Your Official Job Title: | | | | | Supervisors Name & Title: | | | Phone Number: | |
| From | | To | | Total Months | If part-time, Number of hours per week _____ | Beginning Salary | | Ending Salary | |
| Month | Year | Month | Year | | | \$ | per | \$ | per |
| | | | | | | | | | |
| Reason for leaving: | | | | | | | | | |
| Describe your duties in detail: | | | | | | | | | |
| | | | | | | | | | |
| Why do you feel you are qualified for this position? | | | | | | | | | |
| | | | | | | | | | |

APPLICANT'S CERTIFICATION AND AGREEMENT

Pursuant to Chapter 119, Fla. Statutes and the procedure adopted by the Lee County Board of County Commissioners, personnel records and job applications shall be open for inspection by any person.

AGREEMENTS:

PROBATION PERIOD – I understand that I would be considered a probationary employee for no less than six months but no longer than nine months from date of hire. I may be discharged or laid off before the expiration of that period without recourse, in accordance with Lee County Policies and Procedures.

STATEMENT BY APPLICANT - I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employ, together with all employment-related information they may have concerning me. I also authorize educational institutions to furnish their records of education-related information they may have concerning me.

I agree that any misrepresentations by me in this application will be sufficient cause for its cancellation or for dismissal from the County's service if I am employed.

I hereby certify the facts set forth in the above employment application are true and complete to the best of my knowledge.

List previous last names: _____

Signature of Applicant: _____ Date: _____

Thank you for completing this application form and for your interest in employment with Lee County.

Lee County is required by the U.S. Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes only. This information will be maintained separately from your application and will not be considered in the application evaluation process.

| | | | |
|---|--------|-------|------------------------------|
| Last Name: | First: | Date: | Social Security #: |
| Position Title: | | | Position Ref. Number: |
| How did you learn about this vacancy? | | | |
| Date of Birth: _____ <small>mo. / day / year</small> | | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | | | |
| Handicapped/Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If job accommodations are needed please specify: | | | |

RACIAL/ETHNIC DATA (Check One)

- WHITE:** (not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASAIN or PACIFIC ISLANDER** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example: China, India, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE** All persons having origins in any of the original peoples of the North America, and who maintain cultural identification through tribal affiliation or community recognition.