

OSCEOLA COUNTY GOVERNMENT APPLICATION FOR EMPLOYMENT

"AN EQUAL OPPORTUNITY EMPLOYER"

HUMAN RESOURCES DEPARTMENT

508 N. CENTRAL AVE. KISSIMMEE, FL 34741

PRINT _____
LAST FIRST MIDDLE
 SOCIAL SECURITY # _____
 PRESENT ADDRESS: _____
STREET CITY STATE ZIP CODE
 HOME PHONE #: (____) _____
 OTHER NUMBERS WHERE YOU CAN BE REACHED: _____
 APPLY FOR ONE POSITION ONLY-LIST JOB NUMBER AND JOB TITLE: ** YOU MAY USE DUPLICATES TO APPLY FOR OTHER POSITIONS **



OFFICE: (407) 343-2800
 JOB LINE: (407) 343-2814

JOB # _____ JOB TITLE _____
 Will you work: Part-time Full-time Either Minimum salary required: _____/hr

Are you under 18 years of age? yes no. If yes, what was your age on your last birthday? _____
 Type of License: Driver's Commercial Driver's; Class: _____ State: _____ Lic. #: _____
 Is your license now or has it ever been suspended or revoked? yes no. If yes, what year? _____ Exp. Date: _____
 In what state? _____ Why? _____

Have you ever served in the U.S. Armed Forces? Yes No. If yes, complete the following.

Branch of Service	Enlistment Date(s)	Discharge Date(s)	Type of Discharge

If you feel you did not receive veteran's preference in accordance with FL Administrative Code, you have the right to an investigation by filing a complaint with the Division of Veterans' Affairs P.O. Box 1437, St. Petersburg, FL 33731 within 21 days from the date you received notification that a non-preference applicant was appointed.

DO YOU CLAIM VETERAN'S PREFERENCE? YOU MUST ATTACH PROOF (i.e., DD214) TO CLAIM PREFERENCE.
 As a veteran with a compensable service connected disability?
 As the unremarried spouse of veteran who was killed in action or who died of a service connected disability?
 As the spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or who is missing in action, captured or forcibly detained by a foreign power?
 As a veteran of any war (as defined in the rules of Division of Veterans' Affairs)?
 Have you entered into covered employment by a covered employer after having claimed veteran's preference since October 1, 1987? Yes No

LAW VIOLATION RECORD: Have you, as an adult, ever been convicted, placed on probation, received a suspended sentence, or forfeited bail in connection with any offense (except minor traffic violations) in any civilian or military court? Yes No
 Show all convictions including driving while intoxicated convictions. (Use additional sheets, if necessary):

OFFENSE	DATE	PLACE	SENTENCE OR FINE

EDUCATION: Circle the highest grade you completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

NAME AND LOCATION OF HIGH SCHOOL AND/OR COLLEGE	AREA OF STUDY	# HRS COMPLETED		DEGREE	DATE
		SEMESTER	QUARTER		

SPECIALIZED TRAINING: _____
 List active licenses, certificates or registrations and reg. #: _____

SKILLS: Please indicate the years & months of experience you have in operating the equipment listed below.

OFFICE EQUIPMENT:	YRS	MOS	HEAVY EQUIPMENT:	YRS	MOS	MEDIUM EQUIPMENT	YRS	MOS
Typewriter, Speed: _____			Dozer			Low Boy		
Dictaphone			Crane			10 Wheel Dump Truck		
PBX			End Loader			Mosquito Fog Truck		
Computer Software:			Backhoe			Bush Hog		
1.			Semi-tractor/trailer			Fuel Truck		
2.			Passenger Bus			Self-propelled Sweeper		

OTHER (please describe): _____

RELATIVES EMPLOYED BY OSCEOLA COUNTY: Do you have any relatives by blood or marriage, including elected officials, working for the Board of County Commissioners or other elected officials in Osceola County Government? Yes No
 If yes, complete the following:

FULL NAME OF PERSON(S)	DEPARTMENT OR OFFICE LOCATION	RELATIONSHIP

HAVE YOU EVER BEEN EMPLOYED BY OSCEOLA BOARD OF COUNTY COMMISSIONERS? Yes No If yes, from _____ to _____ What Department? _____ Supervisor's Name: _____
 Reason for leaving: _____

* * * DO NOT REMOVE * * *

OSCEOLA COUNTY BOARD OF COUNTY COMMISSIONERS

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Qualified applicants are considered for all positions without regard to race, color, religion,
sex, national origin, age, marital status or disability.

Information about applicants is needed to satisfy federal employment reporting requirements.

The information on this lower portion is kept separate from the top portion of the employment application and is requested on a
voluntary basis.

It is **not** used in assessing job qualifications.

REFERENCES: List 3 references who are not relatives. (must be completed)				
NAME	COMPLETE ADDRESS (include zip code)	PHONE	OCCUPATION	YEARS KNOWN

1. **Are you currently employed?** Yes No. **May we contact your current employer?** Yes No.
2. **List below all jobs for the last ten (10) years, include prior experience, if relevant. List paid and volunteer experience; Include exact dates of military service. List specific duties, skills, equipment operated and supervisory experience.**

USE EXTRA SHEETS OF PAPER AS NECESSARY.

Current or last employer: _____ Address: _____ Job Title: _____ No. supervised: _____ Duties: _____ _____ _____ Reason for leaving: _____	From: (mo./yr.) _____ To: (mo./yr.) _____ Full-time () Part-time hours/wk: _____ Starting Salary: \$ _____ Ending Salary: \$ _____ Department: _____ Supervisor: _____ Phone No.: _____
Current or last employer: _____ Address: _____ Job Title: _____ No. supervised: _____ Duties: _____ _____ _____ Reason for leaving: _____	From: (mo./yr.) _____ To: (mo./yr.) _____ Full-time () Part-time hours/wk: _____ Starting Salary: \$ _____ Ending Salary: \$ _____ Department: _____ Supervisor: _____ Phone No.: _____
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SIGNATURE CERTIFICATION AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

I hereby certify that each answer to any question herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject matter. I understand that any incorrect, incomplete, or false statements or information, furnished by me may subject me to disqualification or to discharge at any time. If employed by Osceola County, I agree to comply with all its orders, rules and regulations. I authorize release of all the information contained herein and hereby release Osceola County, its employees, my references, my former employers, and schools, and all individuals connected therewith, from all liability for any damages or injury whatsoever related to the taking of pre-employment examinations and the furnishing or use of this or related information.

I hereby authorize investigation of all statements I have made herein. I authorize the companies or persons named herein to give any information regarding my past employment, together with any information they may have regarding me, whether or not it is on their records.

I hereby authorize Osceola County to conduct any investigation it deems appropriate, including the administration of polygraph, or physical examination including urinalysis for drug screening. I understand that positive results of the urinalysis for drug screening will disqualify me from consideration of employment.

I fully recognize that this application and any information obtained through the employment process may be subject to public inspection in accordance with the Florida Public Records Act.

Applicant's Signature

Date

NAME: _____ DATE OF BIRTH: _____
(LAST) (FIRST) MONTH DAY YEAR

SOC. SEC. NO.: _____ POSITION: _____

CHECK ONE:

- WHITE
- BLACK
- HISPANIC
- ASIAN or PACIFIC ISLANDER
- AMERICAN/ALASKAN NATIVE

CHECK ONE:

- MALE
- FEMALE

DATE COMPLETED: _____