



Human Resource Department
450 E. South Street, 2nd Floor Orlando, FL 32801
Reply to To: Post Office Box 1393
Orlando, Florida 32802-1393

Job Line: (407) 836-5660
Telephone: (407) 836-5661

An Equal Opportunity Employer Application For Employment Instructions

Please Print or Type. Complete all items. Incomplete or unsigned applications will not be processed. Avoid abbreviations if possible. Notify Human Resources Department of address of telephone number changes. Resumes are welcome, but should not be given in lieu of information requested on this application. **Please complete a separate application for each position.**

Position Applying For:

Position Number	Title of Position	Department
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Print Name in Full	Social Security Number	
_____	_____ / ____ / ____	
(Last)	(First)	(Middle Initial)

Home Address _____

(Number and Street)	(City)	(State)	(ZipCode)
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Telephone Number (____) _____ (____) _____ (____) _____

(Home)	(Work)	(Alternate)
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Are you claiming Veterans' Preference? YES NO If YES, a Veteran's Preference Form, which is available in the Human Resources Department, and a copy of the appropriate military documentation (i.e., DD214 form) must accompany this application. Have you been hired using Veteran's Preference? YES NO

Are any of your relatives employed by *Orange County Board of County Commissioners*? YES NO
If YES, please give date of employment _____ Employing Department _____

Have you ever pleaded No Contest to, or been convicted of, a First Degree Misdemeanor or any Felony? YES NO
If yes, explain fully

Conviction will not necessarily bar you from employment but will be weighed on its own merit with respect to time, circumstances, seriousness, and the position for which you have applied.

Are you able to work shifts? YES NO Weekends? YES NO

Date Available For Work _____

Circle Highest Grade Completed:

Elementary and High School
College 1 2 3 4 5

1 2 3 4 5 6 7 8 9 10 11 12 GED
Graduate School 1 2 3 4 5

	Name of School	City and State	College Major	Type of Degree Received
High School				
College				
Graduate School				
Other-Give Type				

Use this space to indicate any Professional or Occupational Licenses, Registration, or Certification (e.g. Certified Public Accountant, Florida Driver's License, Registered Nurse Certificate, etc.) you currently hold or any special knowledge, skills or abilities (e.g., Typing, Word Processing, Shorthand, Computer Software, etc.) you possess. If License or Certification is required or preferred for a position vacancy, a copy of the License or Certification MUST accompany this application.

Do you possess a valid Driver's License?

Yes No

Driver's License Type:

Operator

Non-Commercial

Commercial Exp. Date _____

Class: _____

Class: _____

What State? _____

Endorsements: _____ Endorsements: _____

(Certification License Type e.g. P.E., R.N., etc.)

(Certification License Number)

(Effective Date)

(Expiration Date)

(Certification License Number)

(Effective Date)

(Expiration Date)

Special Skills (e.g. Typing, Word Processing, Shorthand, Computer software, etc.)

Equipment

If applicable: Have you ever had your child care license in any state revoked or suspended? Yes No

If YES, please explain: _____

Have you ever been fined while employed in a child care facility? Yes No

Have you ever been subject to disciplinary action while employed in child care facility? Yes No

If YES, explain below: _____

Please list ALL employment and volunteer experience including temporary and part-time, beginning with present or most recent employer. Account for all periods including unemployment and service in the Armed Forces. If more than one position was held with the same employer, list information in the next block(s). If you were employed under a different name, please enter that name in the right hand margin.

May we contact your present employer? YES NO

1	Present or Last Employer		DATES EMPLOYED From: To:	
	Address (Number and Street)	Phone Number ()	Supervisor's Name	
	City	State	Zip Code	Your Job Title
	Reason For Leaving or Considering Leaving:		Hours Worked Per Week	
	Duties:		SALARY Starting: Ending: \$ _____ \$ _____ Per _____ Per _____	
Number of employees supervised (if applicable)				

2	Previous Employer		DATES EMPLOYED From: To:	
	Address (Number and Street)	Phone Number ()	Supervisor's Name	
	City	State	Zip Code	Your Job Title
	Reason For Leaving or Considering Leaving:		Hours Worked Per Week	
	Duties:		SALARY Starting: Ending: \$ _____ \$ _____ Per _____ Per _____	
Number of employees supervised (if applicable)				

3	Previous Employer		DATES EMPLOYED From: To:	
	Address (Number and Street)	Phone Number ()	Supervisor's Name	
	City	State	Zip Code	Your Job Title
	Reason For Leaving or Considering Leaving:		Hours Worked Per Week	
	Duties:		SALARY Starting: Ending: \$ _____ \$ _____ Per _____ Per _____	
Number of employees supervised (if applicable)				

(Continue on next page)

4	Previous Employer		DATES EMPLOYED From: To:	
	Address (Number and Street)		Phone Number ()	
	City		State	
	Zip Code		Your Job Title	
	Reason For Leaving or Considering Leaving:		Hours Worked Per Week	
Duties:		SALARY Starting: Ending: \$ _____ \$ _____ Per _____ Per _____		
Number of employees supervised (if applicable)				

5	Previous Employer		DATES EMPLOYED From: To:	
	Address (Number and Street)		Phone Number ()	
	City		State	
	Zip Code		Your Job Title	
	Reason For Leaving or Considering Leaving:		Hours Worked Per Week	
Duties:		SALARY Starting: Ending: \$ _____ \$ _____ Per _____ Per _____		
Number of employees supervised (if applicable)				

6	Previous Employer		DATES EMPLOYED From: To:	
	Address (Number and Street)		Phone Number ()	
	City		State	
	Zip Code		Your Job Title	
	Reason For Leaving or Considering Leaving:		Hours Worked Per Week	
Duties:		SALARY Starting: Ending: \$ _____ \$ _____ Per _____ Per _____		
Number of employees supervised (if applicable)				

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Orange County Personnel Policy. 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 release said companies or persons, and Orange County Government from all liability for any damage whatsoever for issuing or obtaining this information. I understand that if I am selected for employment I will be required to undergo a physical examination including urinalysis. In the event I am employed by Orange County, I agree to comply with all its policies, rules and regulations.

Date: _____ Applicant's Signature: _____

How did you learn about the position for which you are applying? (Please be specific) _____