

GULF COUNTY BOCC



Employment Application

Human Resources Department
 1000 Cecil Costin Blvd—Port St Joe, FL 32456
 AN EQUAL OPPORTUNITY EMPLOYER
 DRUG FREE WORKPLACE

Date: _____

Personal

Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone #: (____) _____ Home (____) _____ Cell (____) _____ Other _____
 Emergency Contact: _____ Phone #: _____
 Are you legally able to work in the U.S.? Yes No
 Have you ever been known by or used any other name? Yes No
 If yes, what? _____

General

Date available to begin work: _____ Minimum Salary expected: _____
 I will accept (Please check any that apply): Full-Time Part-Time Temporary
 Shift Work Evenings Weekend Holidays
 Have you ever been employed by the Gulf County BOCC? Yes No If yes, when? _____
 Position? _____ Reason for leaving? _____
 Do you have any friends or relatives who are employees of the Gulf County BOCC? Yes No
 If yes, list name and relationship: _____

Driving

Do you have a valid driver's license? Yes No Type: Operator CDL Restricted
 Has your license ever been revoked or suspended? Yes No
 If yes, when and for what reason? _____

Education

Last grade completed: _____
 Do you have a High School Diploma or GED? Diploma GED
 Last high school attended: _____ City: _____ State: _____
 Colleges/Universities

Name & location	Dates Attended	GPA	Major/Minor Field of Study	Type of Degree	Date Degree Awarded
	from _____ to _____				
	from _____ to _____				
	from _____ to _____				

THIS SECTION MUST BE COMPLETED EVEN THOUGH YOU MAY HAVE A RESUME

Complete all information requested. Begin with your most recent job. List each job separately. List all jobs, military service, and any period of unemployment. If your immediate supervisor is no longer with the employer, include the name of someone who knew your work. If you have been employed under any other name(s), list name(s) by each employer as applicable.

Employer: _____	Job Title: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____ End Date: _____	Start Salary: _____ End Salary: _____
Telephone Number: () _____	
Name of Supervisor/Contact Person: _____	Title: _____
Specific Duties and Responsibilities: _____	

Reason for leaving: _____	

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Name of Supervisor/Contact Person: _____	Title: _____
Specific Duties and Responsibilities: _____	

Reason for leaving: _____	

Employment History

Special Skills

Special Training (Business, Trade, Vocational, Armed Forces, etc.) :

Computer Literate: Yes No **Basic Microsoft Office/Email Use?:** Yes No

Machines and/or Equipment Operated:

Licenses or Certifications (including type, State or other licensing authority):

Membership(s) in professional, job related organizations (including offices held):

Have you ever been subject to discipline with regard to any professional license or certification, or had any professional license or certification suspended, revoked, or canceled? Yes No **If yes, please explain:**

State any additional information that may be helpful to us in considering your application:

Legal History

Have you ever been convicted, pled guilty, pled nolo contendere or no contest, regardless of adjudication; or are there any criminal charges now pending against you to any violation of any law, police regulation or ordinance other than minor traffic violations? Yes No

If yes, describe the current charges or conviction(s), show date, charge, location, disposition, and court. (Include jail or prison sentences, suspended sentences, probation served, and convictions incurred while in the military service. You may omit any offense committed before your 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law.)

Have you ever been refused a Surety Bond? Yes No

(NOTE: POLICE AND DRIVING RECORDS WILL BE CHECKED WHERE APPLICABLE)

Information concerning criminal history will not necessarily disqualify an applicant unless the record indicates that the applicant would not be suitable or desirable for employment in a particular position. An applicant who falsifies the application by failing to give required information concerning criminal history will, if employed, be subject to dismissal. Non-disclosure of any of the above will disqualify applicant.

List three primary references not related to you whom you have known for at least one year. Do not list anyone we cannot contact immediately.

References

Name	Address	Phone #	Years Acquainted
		()	
		()	
		()	

Veteran's Preference

If you are an honorable discharged veteran or otherwise qualify under one of the criterion below, you may be eligible for veterans' preference in appointment.

Do you request a Veteran's Preference? Yes No

If yes, please designate the basis for your preference entitlement:

- a. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense. (§295.07(1)(a), F.S.)
- b. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in line of duty by a foreign government or power. (§295.07(1)(b), F.S.)
- c. A wartime veteran as defined in section 1.01(14) F.S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. (§295.07(1)(c), F.S.)
- d. The un-remarried widow or widower of a veteran who died of a service-connected disability. (§ 295.07(1) (d), F.S.)
- e. The mother, father, legal guardian, or un-remarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. (§295.07(1)(e), F.S.)
- f. A veteran as defined in section 1.01(14), F.S., excluding active duty for training. (§ 295.07(1)(f), F.S.) Current member of any reserve component of the United States Armed Forces or the Florida National Guard. (§295.07(1)(g), F.S.)
- g. Current member of any reserve component of the United States Armed Forces or the Florida National Guard. (§295.07(1)(g), F.S.)

Documentation Required: A legible DD Form 214 (member copy #4) or equivalent document, which serves as a certificate of release or discharge, or current qualifying Reserve documentation, must be furnished at the time of application or prior to the closing date of the requisition. In addition, applicants claiming categories a, b, d or e above must furnish supporting documentation in accordance with the provisions of Fla. Administrative Code Rule 55A-7, F.A.C. Wartime periods are defined in §1.01(14), F.S.

Complaints: An applicant for veterans' preference who believes he or she was not afforded employment preference may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, Post Office Box 31003, St. Petersburg, FL, 33731. The complaint must be filed within 21 calendar days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given. Because the County is not required to provide notice of non-selection to the applicant, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

THIS CERTIFICATION MUST BE SIGNED – PLEASE READ CAREFULLY

Certification

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers; and that the entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the Gulf County BOCC to verify all information contained herein, and I release the Gulf County BOCC, all past employers and all references from any and all liability for the release of information to the Gulf County BOCC.

I understand that all job offers from the County are conditioned on proper completion of a health questionnaire and successful completion of a medical examination by a county appointed physician to determine my ability to perform any job offered. If seeking a position subject to pre-employment drug/alcohol testing, I further consent and agree to give a specimen of my blood and/or urine to any medical facility designated by the Gulf County BOCC for purposes of drug and alcohol screening I FURTHER AGREE AND CONSENT IN ADVANCE TO BEING SUMMARILY DISCHARGED IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATION OR FALSIFICATION, OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. By signing below, I accept the conditions of this agreement.

(Date)

(Signature)

* The Gulf County BOCC collects your social security number for the following purposes: identification and verification; background checks; wage and benefit processing; tax reporting; federal reporting requirements; workers' compensation; employment applications; pre-employment physicals and drug/alcohol testing. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

The Gulf County BOCC is an equal opportunity employer. Qualified applicants are considered for employment are treated without regard to race, color, sex, religion, national origin, age, marital or veteran status (except if eligible for veteran's preference), or the presence of a non-job-related medical condition or disability.

The Gulf County BOCC is subject to the Florida Public Records Act, and all, or portions, of this application may be subject to disclosure as required by law.

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NAME: _____

POSITION(S) APPLIED FOR: _____

Can you perform the essential functions for the position you have applied for with or without reasonable accommodation? Upon a job offer, applicants are subject to a medical exam and/or other inquiry to confirm the applicant has the ability to perform essential functions with or without reasonable accommodation and for other purposes as allowed by law.

Yes

No

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Signature: _____

Date: _____

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AUTHORITY FOR RELEASE OF INFORMATION

TO: CONCERNED PERSON OR AUTHORITY REPRESENTATIVE OF ANY ORGANIZATION, INSTITUTION, OR REPOSITORY OF RECORD

FROM: GULF COUNTY BOCC, HUMAN RESOURCES DEPARTMENT

REGARDING:

NAME: _____ (First) (Middle) (Last)
ADDRESS: _____ _____ (City) (State) (Zip)
DATE OF BIRTH: _____ *SS#: _____
DRIVER'S LICENSE NUMBER: _____ EXP: _____ STATE: _____

I authorize the Gulf County BOCC to perform a background investigation to assist the County in determining my suitability for the position I am seeking. Background investigations will only be conducted if a position is conditionally offered.

I respectfully request and authorize you to furnish the Gulf County BOCC and its representatives all information that you may have concerning my employment records, school records (to include copy of transcript), character, reputation, military records, criminal history records, and driver's license (where applicable). This information is to be used to assist the Gulf County BOCC in determining my qualifications and fitness for the position I am seeking with the County. A copy of this form may be used and relied upon as if it were the original.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. By signing below, I accept the conditions of this agreement.

(Signature of Applicant)

(Date)

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Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status (except veteran's preference), or the presence of a non-job-related medical condition or disability.

The Gulf County BOCC is an equal opportunity employer. We are also subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This data will not be kept with the application form, nor used in the decision to hire.

Applicant Data Sheet

Name:					
Position Applied For:				Date of Application:	
ETHNIC DATA: (Check Only One)					
<input type="checkbox"/> White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East					
<input type="checkbox"/> Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa					
<input type="checkbox"/> Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race					
<input type="checkbox"/> Asian 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					
<input type="checkbox"/> American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition					
GENDER DATA: (Please Circle One)					
M (Male)			F (Female)		
How did you learn about the position for which you are applying? (Check Only One)					
County Web Site		County Human Resources Dept.		County Employee	
Friend (not County employee)		Relative (not County employee)		Advertisement	
Employment Agency		Other, please specify			
Circle County you reside in					
Gulf	Bay	Franklin	Calhoun	Liberty	Other (write in)