

APPLICATION FOR EMPLOYMENT

ANASTASIA MOSQUITO CONTROL DISTRICT OF ST. JOHNS COUNTY

AN EQUAL OPPORTUNITY EMPLOYER

500 Old Beach Road, St. Augustine, FL 32080

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(Application valid for 45 days ONLY)

Please answer all questions. Resumes may be submitted in addition to this application form.

NOTE: This application was designed to be used for various positions.

Position Applied For: _____ Date: _____

Last Name (Please Print) First Middle Telephone Number

Present Address - Street City / State Zip Code

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Proof of citizenship or immigration status verifying your legal right to work in the U.S. and your identity will be required upon employment.

Have you ever been convicted of a felony? ____ YES ____ NO. If yes, give dates and explain. (Attach a separate piece of paper if necessary.) A conviction will not necessarily disqualify you from employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? ____ YES ____ NO

EDUCATIONAL DATA:

SCHOOL	NAME & ADDRESS OF SCHOOL	YEARS COMPLETED	DIPLOMA OR DEGREE	MAJOR COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER				

Other Skills: List any other specialized skills, training and apprenticeship that supports your application: _____

Extra Curricular Activities and Honors Received: _____

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? ____ YES ____ NO. If yes, identify names and relevant dates: _____

EMPLOYMENT EXPERIENCE

List most recent or present job first. List job-related military service assignments and volunteer activities.

Employer	Dates Employed (From / To)	Work Performed
Street Address	City / State	Zip Code
Job Title	Hourly Rate / Salary (Starting / Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		

Employer	Dates Employed (From / To)	Work Performed
Street Address	City / State	Zip Code
Job Title	Hourly Rate / Salary (Starting / Final)	
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<p>Are you a veteran of the U.S. Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, what branch of service? _____</p> <p>If YES, beginning date and ending date of active duty: From: (Mo./Yr.) _____ To: (Mo./Yr.) _____</p> <p>Date of Discharge from Military Service: _____</p> <p>Are you claiming Veteran's Preference? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you, since October 1, 1987, entered into covered employment by a covered employer after having claimed Veteran's Preference? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

IN CASE OF EMERGENCY, NOTIFY:

Name Phone Number Relationship

Street Address City / State Zip Code

Do you have transportation to work? ____ YES ____ NO

Will you work overtime if asked? ____ YES ____ NO

Are there any hours, shifts or days you will not work? ____ YES ____ NO If yes, explain: _____

Can you travel if required for the job? ____ YES ____ NO

On what date would you be available to start work? _____

Do you have any friends or relatives who work here? ____ YES ____ NO

If YES, please provide their names and their relationship to you.

Name Relationship

Name Relationship

Spouse: _____

Last Name (Please Print) First Middle Telephone Number

Present Address - Street City / State Zip Code

Are you currently employed? ____ YES ____ NO Name of Employer: _____

May we contact your present employer? ____ YES ____ NO Previous Employers? ____ YES ____ NO

Please identify any exceptions and reasons for not contacting prior employers: _____

Are you on a layoff? ____ YES ____ NO

Are you subject to recall? ____ YES ____ NO

CHARACTER REFERENCES

List three persons not related to you, whom you have known at least three years:

NAME	ADDRESS & PHONE NUMBER	OCCUPATION
1.		
2.		
3.		

List any additional information, special job-related skills and qualifications that may be helpful in considering your application for employment: _____

Have you filed an application here before? If YES, give dates: _____

Have you ever been employed here before? If YES, give dates: _____

NOTICE TO APPLICANTS: We comply with the Americans Disabilities Act of 1990. During the interview process, you will be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you will be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination.

APPLICANT'S STATEMENT

I certify that the foregoing answers are true and correct to the best of my knowledge. I authorize the investigation of all statements contained in this application and hereby give this permission to contact schools, previous employers, references, and others, and hereby release the organization from any liability as a result of such contact. I understand that any false or misleading information or omissions of facts requested in this application or interview may remove me from further consideration for employment. In addition, if employed, any false or misleading or omissions of facts called for in this application may be cause for subsequent dismissal at any time.

I understand if employed my employment with the organization will be "at will" and for no specific term and I may resign or be discharged by the organization at any time. I further understand that no oral promise, organization policy, custom, business practice or other procedure (including the organization's personnel handbook or any personnel manuals) will change the "at-will" employment relationship between the organization and myself.

The contents of any employee handbook or Personnel Manuals, as well as other organization policies or practices, are subject to change or modification by the organization, solely at its discretion, without notice. I also understand that no supervisor or other official of the organization (except an authorized executive, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the above.

This application will remain for forty-five (45) days. Any applicant wishing to be considered for employment beyond forty-five (45) days must re-apply.

Signature

Date

The organization is an equal opportunity employer and considers applications for all positions without regard to race, color, age, sex, religion, national origin, disability or marital status.

Offer of employment is contingent upon satisfactory results of a background check and pre-employment drug screen.