



# OKEECHOBEE COUNTY APPLICATION FOR EMPLOYMENT

**AN  
EQUAL  
OPPORTUNITY  
EMPLOYER**

## We are committed to a Drug-Free Workplace Program

We receive applications and hire employees without regard to race, color, national origin, religion, sex, age, genetic information, marital status, disabilities, citizenship status or Vietnam Era and Special Disabled Veterans status, or any other protected category. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

[www.co.okeechobee.fl.us](http://www.co.okeechobee.fl.us)

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security # (optional): \_\_\_\_\_  
Last First Middle Initial

Have you ever used or been known by any other name(s) including first name (i.e., nickname or common name)?  Yes  No

If yes, please indicate additional names: \_\_\_\_\_

Present address \_\_\_\_\_  
No. Street City State Zip

Home phone number: \_\_\_\_\_ Daytime phone # where we may reach you? \_\_\_\_\_

How long have you lived at above address? \_\_\_\_\_

Previous address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
No. Street City State Zip

Are you over the age of 18?  Yes  No If no, employment is subject to verification that you are of minimum legal age.

### EMPLOYMENT INFORMATION

Position applying for \_\_\_\_\_ Date available for work \_\_\_\_\_

Type of employment  Full Time  Part Time  Temporary What salary or pay rate do you expect? \_\_\_\_\_

What days and hours are you available to work? Days \_\_\_\_\_ Hours \_\_\_\_\_

Have you ever applied for a job with us before?  Yes  No When? \_\_\_\_\_

Have you ever been bonded?  Yes  No Have you ever been refused bond?  Yes  No If so, state reason and date.

Have you ever been arrested or convicted of a felony or misdemeanor? This includes Adjudicated or Adjudication Withheld.

Yes  No If yes, explain: \_\_\_\_\_

**Criminal convictions are not necessarily a bar to employment; however, each case will be reviewed.**

Do you use illegal drugs?  Yes  No

Does your present employer know of your plans to change employment?  Yes  No Why do you desire to make a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material)?  Yes  No

Do you have steady transportation to work?  Yes  No Have you ever been discharged or asked to resign?  Yes  No

Can you perform the duties of the job for which you are applying, with or without reasonable accommodation?  Yes  No

Do you have a valid Florida Driver's license? Yes  No

Please provide the license number and expiration date: \_\_\_\_\_

**Your social security number is requested for the purpose of initiating and processing applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting Act.**

## EDUCATION INFORMATION

SCHOOLING	YEARS COMPLETED	DEGREE REC. AND MAJOR SUB.	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
GRAMMAR OR HIGH SCHOOL					
TRADE BUS. OR CORRESPONDENCE					
COLLEGE					
GRADUATE SCHOOL					

Describe any other specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment. State whether degree or certificate received. **Schools must be accredited by the U.S. Department of Education.**

### PRIOR WORK RECORD (Start with most recent or present employer)

1) Name, Address & Phone No. of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		
2) Name, Address & Phone No. of Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		
3) Name, Address & Phone of Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		
4) Name, Address & Phone No. of Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by No. which one(s) you do not wish us to contact \_\_\_\_\_

**RELATIVES**

To your knowledge, do you have any relatives currently working at the County?

If yes, name \_\_\_\_\_ Dept \_\_\_\_\_ relationship \_\_\_\_\_

YES  NO

**VETERAN'S PREFERENCE**

**Effective July 1, 2007:**

- 1. Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state.
- 2. Persons who were previously ineligible for preference because they held or are currently holding a job with a public employer are now eligible to use their Veterans' Preference again with all employees covered by law.
- 3. Persons who were previously ineligible for preference because they did not serve during an eligible wartime period may now be eligible for Veterans' Preference if they served during Operation Enduring Freedom (beginning October 7, 2001 - present) or Operation Iraqi Freedom (beginning March 19, 2003 - present).

**If you are claiming Veteran's Preference, you must complete the Application for Veteran's Preference attached to this employment application, along with a copy of the DD214 form or equivalent certification from the Department of Veterans' Affairs. DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE. All documents must clearly indicate that they are copies of originals.**

**Veterans' Preference of statement of documentation/eligibility is posted in the job-postings bulletin board; a copy is available upon request. For further information, contact: the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731.**

**CITIZENSHIP**

Okeechobee County BOCC hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.?

**ARE YOU AUTHORIZED OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?**  YES  NO

**WORK REFERENCES (must furnish work references from former positions - do not list relatives)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**PERSONAL REFERENCES (do not list relatives)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a resume, or other applicant information provided may result in my dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureaus of your choice. In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time.

I understand that employment at Okeechobee County is not offered, guaranteed, contracted, or promised for any specific length of time. The County has the right to terminate the employment relationship at any time.

**UPON TERMINATION OF EMPLOYMENT I UNDERSTAND THAT OKEECHOBEE COUNTY MAY HOLD MY FINAL PAYCHECK UNTIL A FINAL ACCOUNTING IS MADE FOR ANY COUNTY PROPERTY IN MY CUSTODY.**



# OKEECHOBEE COUNTY

## EQUAL EMPLOYMENT OPPORTUNITY

### For Statistical Use Only

Although the following information is not mandatory, it is requested to aid the County of Okeechobee in its commitment to Equal Employment Opportunity. Applicants for employment with the Okeechobee County BOCC are considered without regard to race, color, religion, sex, sexual preference, national origin, age, disability or marital status. However, the Federal Government may require that the County provide statistics on the number of women, minorities, veterans and disabled persons who apply for jobs. Information provided below will be used for statistical purposes only and will be maintained apart from the Application for Employment during the entire hiring process and will not affect hiring.

NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOC. SECURITY NO. \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

RACE:

_____ WHITE	SEX _____ M _____ F
_____ BLACK	HANDICAPPED _____ y _____ N
_____ SPANISH	VETERAN _____ y _____ N
_____ ASIAN/PACIFIC ISLAND	
_____ AMERICAN INDIAN/ALASKAN NATIVE	

Check any that apply to you:

- Wartime Period Veteran     Disabled Veteran     Disabled Person Not Entitled to Veterans' Preference\*

**\*In accordance with the Americans with Disabilities Act of 1990, Okeechobee County invites disabled applicants to inform the Human Resources Office if they need any assistive device or special accommodation to compete for, or, if selected, to be employed in the position for which they have applied.**

#### REFERRAL SOURCE

_____ COUNTY JOB ANNOUNCEMENT	_____ NEWSPAPER AD
_____ COUNTY EMPLOYEE	_____ RADIO / TV ANNOUNCEMENT
_____ WALK-IN/CAME IN ON MY OWN	_____ FL STATE EMPLOYMENT
_____ CORRESPONDENCE	_____ OTHER

**OKEECHOBEE COUNTY IS AN EOE/DRUG FREE WORKPLACE**

Notice to Applicants: (Complete ONLY if you are claiming Veterans' Preference)

**APPLICATION FOR  
VETERANS' PREFERENCE**  
(Available to Florida residents only)

Applicants wishing to assert Veterans' Preference in employment must complete this form and return it with the complete employment application, along with a copy of the DD214 form or equivalent certification from the Department of Veterans' Affairs.

Preference of employment, re-employment, promotion and retention shall be given to an eligible veteran pursuant to ss.295.07, 295.08, 295.085 and 295.09 as long as the veteran meets the minimum eligibility requirement and has the knowledge, skills and abilities required for the particular position.

Check the appropriate category if you are claiming Veterans' Preference.

**Documentation (DD214 or VA Letter of Disability) substantiating your claim must be furnished at the time of application.**

I wish to assert Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category:

- 1. A Veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the United States Department of Veterans' Affairs (DVA) and the Department of Defense, or
- 2. The spouse of any veteran who cannot qualify for employment because of total and permanent service-connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America. A veteran who served honorably but who has not met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom or Operation Iraqi Freedom qualifies for preference in appointment, effective July 1, 2007. The service dates are defined as follows:  
  
Operation Enduring Freedom - October 7, 2001 to date to be determined.  
Operation Iraqi Freedom - March 19, 2003 to date to be determined.
- 4. The un-remarried widow or widower of a veteran who died of a service-connected disability, or
- 5. Any Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal.

Please complete the following information: (Applicants asserting a preference based on their spouse's service should provide this information as it pertains to their spouse.)

Service Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

If an applicant claiming Veterans' Preference for a vacant position is not selected for the vacant position, they may file a complaint with the Florida Department of Veterans' Affairs (FDAV) Mary Grizzle Office Building, Suite 311-K, 11351 Ulmerton Road, Largo, Florida 337798. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date of application filed with the employer if no notice is given. If the position has not been filled, the complaint deadline is extended until one month after the position is filled.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date