

**BRADFORD COUNTY BOARD OF COUNTY COMMISSIONERS  
AN EQUAL OPPORTUNITY EMPLOYER**

Post Office Drawer B • 945 North Temple Avenue  
Starke • Florida • 32091

**EMPLOYMENT APPLICATION**

Print in blue or black ink or typewrite

Answer all questions completely and accurately

**PERSONAL**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Other Name(s) Used/Aliases</b>		
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Drivers License Information</b> State: D/L Number:
<b>Address (Physical and/or Post Office Box)</b>		
<b>Home Telephone Number</b>	<b>Cell Phone Number</b>	<b>Business/Work Number</b>
<b>Have you ever interviewed with the County or its affiliates before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, list date(s), job title(s) &amp; location(s)</b>	
<b>Have you ever been employed by the County of its affiliates before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, list date(s), job title(s) &amp; location(s)</b>	
<b>Do you have any relatives employed by the County or its affiliates?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, list date(s), job title(s) &amp; location(s)</b>	
<b>Are you at least 18 years old?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If less than 18 years of age, do you have a work permit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EDUCATION**

Circle highest grade completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			

List any Professional Designations :
Other Special Knowledge, Skills and/or Qualifications:
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> NO
Computer skills (hardware/software):

**MILITARY SERVICE:** Include a concise statement of duties under employment record. The following is optional and is requested from persons claiming veterans' preference. A discharge under honorable conditions is required by Chapter 295 Florida Statutes for awarding of Veterans' Preference. The earned ratings Form DD214 is required for verification purposes. In addition, if claiming veterans' disability preference, proof of current disability rating is also required.

Date Entered \_\_\_\_\_ Date Separated \_\_\_\_\_ Type of Discharge \_\_\_\_\_

## GENERAL

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	May we contact your current employer for references?
<input type="checkbox"/>	<input type="checkbox"/>	If hired, will you be able to work overtime?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A "yes" response does not automatically disqualify your application.)

Date you are available for employment \_\_\_\_\_.

## EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone Number	Ending Salary
Job Title		Reason for leaving	
Duties and Responsibilities:			

<b>Employed From</b>	<b>Employer Name</b>	<b>Supervisor Name</b>	<b>Starting Salary</b>
<b>Employed Until</b>	<b>Employer Address</b>	<b>Supervisor Phone Number</b>	<b>Ending Salary</b>
<b>Job Title:</b>		<b>Reason for leaving</b>	
<b>Duties and Responsibilities:</b>			
<b>Employed From</b>	<b>Employer Name</b>	<b>Supervisor Name</b>	<b>Starting Salary</b>
<b>Employed Until</b>	<b>Employer Address</b>	<b>Supervisor Phone Number</b>	<b>Ending Salary</b>
<b>Job Title</b>		<b>Reason for leaving</b>	
<b>Duties and Responsibilities:</b>			
<b>Employed From</b>	<b>Employer Name</b>	<b>Supervisor Name</b>	<b>Starting Salary</b>
<b>Employed Until</b>	<b>Employer Address</b>	<b>Supervisor Phone Number</b>	<b>Ending Salary</b>
<b>Job Title</b>		<b>Reason for leaving</b>	
<b>Duties and Responsibilities:</b>			
<b>Employed From</b>	<b>Employer Name</b>	<b>Supervisor Name</b>	<b>Starting Salary</b>
<b>Employed Until</b>	<b>Employer Address</b>	<b>Supervisor Phone Number</b>	<b>Ending Salary</b>
<b>Job Title</b>		<b>Reason for leaving</b>	
<b>Duties and Responsibilities:</b>			

# **CERTIFICATION & AUTHORIZATION**

The above information is true and correct. I understand, in the event of my employment by the County, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the County to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the County and will hold the County and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the County to obtain any credit and consumer check.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date