

**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**

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

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

**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 veterans' preference. The earned rating form DD214 is required for verification purposes. In addition, if claiming disability preference, proof of current disability rating is also required.

Date entered: \_\_\_\_\_ Date separated: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

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## GENERAL

Yes

No



May we contact your current employer for references?



If hired, will you be able to work overtime?



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:			

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>			

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## CONSUMER INVESTIGATIVE REPORT FOR EMPLOYMENT

I, \_\_\_\_\_, do hereby authorize Bradford County, by and through its independent contractor, to procure a consumer report and/or investigative consumer report on me prior to being considered for employment. I understand that in the event that I am hired, periodic background and/or credit investigations will be conducted on all employees regardless of position or performance.

These above mentioned reports may include, but are not limited to, employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former address; criminal and civil history/records; and any other public record; and, any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, and trustworthiness.

I understand that the investigative consumer report I have authorized above may include information obtained by the interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to Bradford County that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Bradford County, by and through its independent contractor, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Bradford County, by and through its independent contractor, and any persons, business entities, governmental agencies, whether public or private, from any and all liability, claims and/or demands of whatever kind, to me, my heirs, or others making such claim, or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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## CERTIFICATION and AUTHORIZATION

The above information is true and correct. I understand, in the event of employment by Bradford County (herein know as 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 for 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.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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