

**POLK COUNTY BOARD OF COUNTY COMMISSIONERS & CLERK OF COURTS
APPLICATION FOR EMPLOYMENT
PERSONNEL OFFICE**

P. O. Box 9005, Drawer CA03 - Bartow, Florida 33831-9005
Phone: (863) 534-6030 ** Fax: (863) 534-6534 ** Employment Hotline: (863) 534-7600, 322

INTERNET ADDRESS: www.polk-county.net
AN EQUAL OPPORTUNITY EMPLOYER M/F/D/V/P

Position Title: _____

Job Order #: _____

PRINT CLEARLY IN **BLACK** INK AND COMPLETE ALL INFORMATION

IF AN ITEM DOES NOT APPLY TO YOU, WRITE "N/A" (NON-APPLICABLE) IN THE PROPER SPACE
AN "N/A" MUST APPEAR IN EVERY SPACE

DRUGFREE WORKPLACE

NAME: _____
(First) (Middle) (Last) (Employee Number)

PRESENT ADDRESS: _____
(Street/P. O. Box Number, Apt #) (City) (State) (Zip Code)

MAILING ADDRESS: _____
(Street/P. O. Box Number, Apt #) (City) (State) (Zip Code)

HOME TELEPHONE: () _____

BUSINESS TELEPHONE: () _____ NAME OF PERSON TO CONTACT _____

MESSAGE TELEPHONE: () _____ NAME OF PERSON TO CONTACT _____

HOW DID YOU LEARN OF THIS JOB OPENING? _____

| |
|--|
| DRIVER LICENSE () YES () NO STATE ISSUED _____ EXPIRATION DATE _____ LICENSE #: _____ OPERATOR/ CHAUFFEUR/ RESTRICTED/ OR CDL CLASS () A () B () C () D () E |
|--|

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW? YES _____ NO _____
FOR PURPOSES OF THIS QUESTION "CONVICTED" INCLUDES PLEADING GUILTY OR NOLO CONTENDERE, REGARDLESS OF ADJUDICATION.
A conviction does not automatically mean you cannot be appointed. What you were convicted of and how recently will be evaluated in relation to the position for which you are applying. Give all facts so that a decision can be made. If your answer is "YES", list all convictions against you in a court of law to include criminal convictions. Traffic violations within the last three years (other than parking), and/or accidents for which you have been charged must be listed below. You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law.

| Date | Place of Occurrence | Charge/Violation or Accident | Action | Remarks |
|------|---------------------|------------------------------|--------|---------|
| | | | | |
| | | | | |
| | | | | |

SELECTIVE SERVICE NUMBER: _____

MILITARY SERVICE: Have you ever served in the armed services? Yes ___ No ___ If yes, what branch? _____

DATES OF DUTY: FROM _____ TO _____ Rank at Discharge: _____

Are you a member of any reserve organizations: YES ___ NO ___ BRANCH _____

Special Training Received _____

Veteran's Preference: Persons who have been honorably separated from the armed forces for service during any war or any campaign or expedition for which a campaign badge or service medal has been authorized and who have served more than 180 days in active war time service are allowed veteran's preference consideration in accordance with the provision of Chapter 295, Florida Statutes. Applicant will be required to furnish proof of claim (DD214 or VA letter) for veteran's preference consideration prior to date of employment.

Veteran's Preference Claim: Active Wartime or Campaign Service? YES ___ NO ___ Disabled Veteran? YES ___ NO ___
Disability requiring special accomodation(s) to participate in the hiring process will require documentation prior to employment.

Have you used VP since 1 October 1987? YES ___ NO ___ Where? _____

As the Unmarried Widow of War Veteran? YES ___ NO ___ Advised of VP regulations (initials): _____

As the Wife of Veteran who is unable to pursue gainful employment because of disability? YES ___ NO ___

WORK HISTORY: Begin listing with present/last employer and list all employers. If necessary use blank sheets and attach them to this form:

| 1. Employer Name/Address/City/State | Time Employed | | Supervisor's Name | Title of Your Position |
|-------------------------------------|---------------|---------|-------------------|------------------------------|
| | From | To | | |
| | (M/D/Y) | (M/D/Y) | | |
| | | | | Name You Were Employed Under |
| | Phone: | | Salary: | |

Describe the work you did, equipment used, supervisory responsibilities, etc.

Reason for Leaving: _____

| 2. Employer Name/Address/City/State | Time Employed | | Supervisor's Name | Title of Your Position |
|-------------------------------------|---------------|---------|-------------------|------------------------------|
| | From | To | | |
| | (M/D/Y) | (M/D/Y) | | |
| | | | | Name You Were Employed Under |
| | Phone: | | Salary: | |

Describe the work you did, equipment used, supervisory responsibilities, etc.

Reason for Leaving: _____

| 3. Employer Name/Address/City/State | Time Employed | | Supervisor's Name | Title of Your Position |
|-------------------------------------|---------------|---------|-------------------|------------------------------|
| | From | To | | |
| | (M/D/Y) | (M/D/Y) | | |
| | | | | Name You Were Employed Under |
| | Phone: | | Salary: | |

Describe the work you did, equipment used, supervisory responsibilities, etc.

| | | | | |
|-------------------------------------|-----------------|---------------|-------------------|------------------------------|
| 4. Employer Name/Address/City/State | Time Employed | | Supervisor's Name | Title of Your Position |
| | From (M/D/Y) | To (M/D/Y) | | |
| | | | | Name You Were Employed Under |
| | Phone: | | Salary: | |

Describe the work you did, equipment used, supervisory responsibilities, etc.

Reason for Leaving: _____

May we contact your Present/Past Employers? () YES () NO WHEN? _____

Are you now employed? _____ If appointed, when can you start? _____ Are you available to work fulltime? _____ Would you be willing to work flexible schedules? _____ Do you have any relatives employed by the Polk County Board of County Commissioners or Clerk of the Courts? _____ Name and Relationship? _____

Where employed and title? _____

Have you been previously employed by us? _____ When and what Department? _____

Supervisor's name? _____ Minimum acceptable Salary? \$ _____

EDUCATION AND TRAINING: HIGH SCHOOL, COLLEGE, OR ADDITIONAL TRAINING

| NAME OF SCHOOL | ATTENDED | | GRADUATED | | TYPE OF DEGREE CERTIFICATE | MAJOR STUDY |
|----------------|----------|----|-----------|----|----------------------------|-------------|
| | FROM | TO | YES | NO | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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SKILLS:

- | | |
|-------------------------------|--|
| () Multi-line Phone | () Software Proficiency (please list) |
| () Accounts Receivable | _____ |
| () Accounts Payable | () Accounting Equipment (please list) |
| () Adding Machine-Touch Sys. | _____ |
| () Calculator - Touch Sys. | () Bookkeeping (please list) |
| () Personal Computer | _____ |

OTHER SKILLS/EXPERIENCE (i.e.: training, volunteer work or abilities related to position applied for:)

TYPE OF PROFESSIONAL LICENSURE, REGISTRATION, CREDENTIALS, ETC: _____

LICENSURE, REGISTRATION, CERTIFICATES, ETC., NUMBER: _____ CURRENT RENEWAL #: _____

YEAR ORIGINALLY ISSUED: _____ EXPIRATION DATE: _____ STATE ISSUED: _____

HAS YOUR LICENSE/REGISTRATION/CERTIFICATION BEEN REVOKED? YES _____ NO _____ IF YES, EXPLAIN BELOW:

REFERENCES:

List four persons (preferably who you have known for at least one year) who are not related to you and who have knowledge of your qualifications, character, and/or abilities for the position for which you are applying:

| NAME | MAILING ADD/CITY/STATE/ZIP CODE | PHONE | BUSINESS OCCUPATION |
|------|---------------------------------|-------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Person to be notified in emergency _____ Relationship _____

Home Telephone #: () _____ Work Telephone #: () _____

Name of company, and address where they can be reached during working hours:

Applicants selected for employment must successfully complete a pre-employment physical which will include tests for illegal drugs. If the initial drug test is positive you may not be eligible for employment.

Safe Driver Policy

Any applicant applying for a position with Polk County that requires they possess a valid Florida driver's license, Chauffeur's license, or a Commercial Driver's License at the time of employment will not be given consideration for employment if they aren't at least 18 years of age, and, if their driving record reflects they:

1. Have been convicted of an alcohol/drug related offense within 36 months prior to making application.
2. Have been convicted of two (2) alcohol/drug related offenses within ten (10) years prior to making application.
3. Have a suspension, revocation, or restriction due to moving violations within the 36 months prior to making application.
4. Have a temporary license from the Court permitting them to travel "To and From" work only, or permitting them to "Drive at work only".
5. Have accrued 12 points within the 24 months prior to making application.
6. Have accrued 18 points within 36 months prior to making application.
7. Cannot provide proof of insurance when required to use their personal vehicle as part of their daily job duties.

SPECIAL NOTES:

1. The County also reserves the right to disqualify an applicant from a driving position based on their "total" driving record, even if they meet the above stated requirements.
2. All applicants applying for these positions must have a valid driver license which is appropriate for the position which applying.

CERTIFICATION:

I certify that I have read and understand the job description for the position of _____

Job Order #: _____ and I can perform the essential functions of this position with or without reasonable accommodations.

I also certify that all statements made on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that mis-representation or omission of facts shall be considered basis for rejection of my application or discharge if employed. My signature authorizes my previous employer to release any information regarding my past employment.

If made an offer of employment, I agree to submit to a pre-employment physical and drug test as a condition of such employment. I also understand that misrepresentation or omission of facts on the Health & Wellness Center's **Initial and Annual Medical Questionnaire** shall be considered as basis for rejection of my application or discharge if employed.

Signature of applicant _____ Date _____

POLK COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER M/F/D/V/P

No person shall, on the basis of race, color, sex, age, religion, national origin, disability, or marital status be excluded from participation in, be denied the benefits of, or subjected to discrimination under any program or activity under the jurisdiction of the government of Polk County. We appreciate your interest and the time you have taken to complete this application.

**POLK COUNTY BOARD OF COUNTY COMMISSIONERS
PERSONNEL OFFICE**

330 W. Church Street P. O. Box 9005, Drawer CA03 Bartow, FL 33831-9005
Phone (863) 534-6030 * * * * * Fax (863) 534-6534

Section "A"

The information requested in Section "A" is required as part of our application process.

Name _____
SS# _____

Present Address: _____

Home Phone # _____ Business Phone # _____ Message Phone # _____

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**Section "B"**

**EQUAL EMPLOYMENT OPPORTUNITY**

The information in Section "B" is requested on a **voluntary basis**. The information will be used for reporting employment statistics to the federal government.

Name \_\_\_\_\_ Date \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

RACE:      ( ) White                                      ( ) Asian or Pacific Islander  
              ( ) Black                                     ( ) American Indian or Alaskan native  
              ( ) Hispanic                               ( ) Other: \_\_\_\_\_

Position applied For: \_\_\_\_\_ Job Order #: \_\_\_\_\_  
*(You may only be considered for positions that are presently open)*

**THIS FORM WILL NOT BE A PART OF YOUR PERMANENT PERSONNEL FILE IF YOU ARE EMPLOYED BY THE POLK COUNTY BOARD OF COUNTY COMMISSIONERS.**