

LEON COUNTY

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER M/F/D/V

THE AGE DISCRIMINATION IN EMPLOYMENT
ACT OF 1967 FORBIDS DISCRIMINATION AGAINST
PERSONS AGE 40 OR OLDER

YOU MUST ANSWER ALL QUESTIONS TO BE CONSIDERED FOR A POSITION

Name Today's Date Social Security Number

Mailing Address Phone Number

City, State and Zip Code

Have you ever pled "guilty" or "no contest" to; received "deferred adjudication"; or been convicted of a crime (over the age of 16)?

Yes No

If yes, please give details.

Answering "yes" to these questions does not constitute an automatic bar to employment. However, factors such as date of the offense, seriousness and nature of the violation, rehabilitation and type of position applied for will be taken into account when determining eligibility.

Are you related by blood or marriage to any Leon County employee or official?

(If yes, provide name and relationship.) Yes No

REFERRED BY: Are you legally eligible to work in the U.S.? (Verification will be required upon employment)

Yes No

DRIVERS LICENSE NUMBER AND STATE (if the job you are applying for requires it)

EDUCATION

Please identify any educational background you believe we should consider in evaluating your qualifications for the position you are seeking.

Name and Location of School	Major Subject	No. of years Completed	Graduated? Degree?	Major Subjects
High School				
College				
College				
Graduate School				

Other (Trade, Business or Professional School)

Describe any Honors or Awards you have received

Other course work applicable to this type of work

Extracurricular activities related to the type of position for which you are applying

EQUIPMENT / MACHINES OPERATED

PLEASE IDENTIFY BY TYPE / MODE
TYPEWRITER _____

COMPUTER _____

TRANSCRIBER _____

TYPING _____ WPM _____

PREVIOUS EMPLOYMENT
All Questions Must Be Answered

Provide employer information for the last 10 years and any other work history you feel is relevant to the position for which you have applied.
Attach extra sheets if necessary.

(1) Present or Last Employer

Phone No.

Address

Date Started

Date Left

Immediate Supervisor

His/Her Title

Your Title

Annual Salary at Start

Annual Salary on Leaving

Reason for Leaving

Your Duties

(2) Present or Last Employer

Phone No.

Address

Date Started

Date Left

Immediate Supervisor

His/Her Title

Your Title

Annual Salary at Start

Annual Salary on Leaving

Reason for Leaving

Your Duties

(3) Present or Last Employer

Phone No.

Address

Date Started

Date Left

Immediate Supervisor

His/Her Title

Your Title

Annual Salary at Start

Annual Salary on Leaving

Reason for Leaving

Your Duties

(4) Present or Last Employer

Phone No.

Address

Date Started

Date Left

Immediate Supervisor

His/Her Title

Your Title

Annual Salary at Start

Annual Salary on Leaving

Reason for Leaving

Your Duties

Date Available

Starting Salary Desired

Have you made application before?

If so, when?

In case of emergency, notify:

Name:

Address

Phone

PRE-EMPLOYMENT STATEMENT

I authorize Leon County to make any inquiries they desire regarding my education, employment, ability, habits and personal character for the purpose of determining my fitness for employment. I also authorize previous employers or any other persons with whom the County may confer to give any and all information regarding my employment or scholastic record together with any information, personal or otherwise, and I hereby release such persons and any companies which they represent from all liability or any damages whatsoever in connection with their compliance. I understand that misrepresentation or omission of any fact or circumstance called for in this application which would affect my application unfavorably or receipt of unsatisfactory references will be sufficient cause for termination without liability. This application is not an employment contract and is not intended to create contractual obligations of any kind. Neither the County nor its employees are bound to continue the employment relationship if either chooses at its will to end the relationship at any time. All employment is at will and the relationship cannot be modified unless in writing.

Signature

Date