



Employment Application

Lake County Board of County Commissioners

Employee Services Department
 315 W Main Street, Room 430
 P.O. Box 7800
 Tavares, FL 32778-7800
 Phone number: (352) 343-9596 Fax number: (352) 343-9883
 Lake County Website: www.lakecountyfl.gov

An Equal Opportunity Employer and a Drug-Free Workplace

Applicants needing accommodations in accordance with the Americans with Disabilities Act please notify the Employee Services Department. Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. All offers of employment are subject to verification of the applicant's identity and employment authorization. It will be necessary to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Posting Number	Position Title	Today's Date

1. Print Name:

Last First Middle

2. Current Address:

Number & Street Name Apartment Number

City County State Zip Code

3. Mailing Address:
 (If different from above)

Number & Street Name Apartment Number

City County State Zip Code

4. Cellular Phone: _____ **Home Phone:** _____
Area Code and Number Area Code and Number

5. E-mail Address: _____
E-mail Address

6. Do you wish to claim Veteran's Preference? YES NO
If yes, to be considered for Veteran's Preference complete the attached Application for Veteran's Employment Preference. Provide a copy of your DD214, or other official document(s) from the Division of Veteran's Affairs, and proof of Florida residency along with the completed application. (Please see Veterans' Employment Preference - General Information section for more information.)

7. Are you at least 18 years or older? YES NO
(If no, you may be required to provide authorization to work)

8. Are you a former Lake County employee? If yes, please provide dates of employment and department. YES NO

All applications and/or resumes *must* be submitted to the Employee Services Department or postmarked by the advertised closing date, *no exceptions*. Applications and/or resumes are accepted only for positions that are posted (open for recruitment).

Name _____

9. Type of Employment Service Sought (check all that apply):

FULL TIME PART TIME

Date available for work/service: _____

10. Education and Training (include seminars, workshop, conferences and on-the-job training):
To receive credit for college course work or vocational training, it is necessary that you supply quarter/semester or class hours earned in addition to dates attended. You may be required to submit a diploma, college transcript or list of courses successfully completed.

School/Location/Sponsor	Course of Study	Degree or Certificate	
		YES	NO
High School/GED			
Technical/Trade/Vocational School			
College/University			
College/University			
College/University			
Other			

11. Specific Skills (list the equipment with which you have had experience or any special skills you might have):

Computer Software	Years	Months	Other Equipment (please describe)	Years	Months

12. List the construction vehicles/equipment you can operate (if applicable to the job for which you are applying). You must also include this information in the Work History section, page 4:

13. List active licenses, certificates or registrations, the registration number(s) and expiration date(s):

14. List any organization(s) to which you belong which you consider relevant to your ability to perform the job:

Name _____

YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION. List your most recent employer first. If currently unemployed, leave present employer section of this application blank. **Include any unpaid work experience as well as military service.** If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. If desired, include a resume or additional pages which will help clarify your work experience. If a resume is attached, be sure that month/year for each employment is reflected on the resume and coincides with the Work History section of this application. If additional space is needed put the information in Item 31, page 7.

15. Present Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

Last Salary: _____ Per/ _____

From: _____
Month, Day & Year

To: _____
Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No

16. Past Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

Last Salary: _____ Per/ _____

From: _____
Month, Day & Year

To: _____
Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

17. Past Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

Last Salary: _____ Per/ _____

From: _____
Month, Day & Year

To: _____
Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

Name _____

18. Past Employer:

_____ Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

Last Salary: _____ Per/ _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

From: _____
Month, Day & Year

To: _____
Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

19. Past Employer:

_____ Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

Last Salary: _____ Per/ _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

From: _____
Month, Day & Year

To: _____
Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

20. Past Employer:

_____ Business Name

Business Address: _____
City, State & Zip Code

Phone #: _____ Number You Supervised: _____

Your Job Title: _____

Last Salary: _____ Per/ _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

From: _____
Month, Day & Year

To: _____
Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

OTHER IMPORTANT INFORMATION		
<p>Answer the following questions by circling "Yes" or "No." It is imperative that you answer the following questions accurately and provide detailed information when requested, e.g., dates, types, etc., in Item 31, page 7. Answering yes to any of the following questions will not automatically disqualify an applicant for employment; however, a false answer is a cause for disqualification.</p>		
21.	Have you had any traffic violations and/or had your license suspended or revoked during the last five (5) years? If yes, explain in Item 31, page 7.	Yes No
22.	Have you ever been convicted, plead guilty or no contest (Nolo Contender), had adjudication withheld, prosecution deferred, been placed on probation, received a suspended sentence or forfeited bail in connection with any criminal violation of law, including criminal traffic offenses? (A conviction record does not necessarily disqualify you from employment. Factors such as age at time of offense, nature of violation and rehabilitation will be considered. Provide all the facts.) If yes, please show all convictions, including driving while intoxicated (DUI) convictions and explain in Item 31, page 7.	Yes No
23.	Have you been arrested for any matters for which you are currently out on bail or your own recognizance pending trial? If yes, explain in Item 31, page 7.	Yes No
24.	Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrong death)? If yes, explain in Item 31, page 7.	Yes No
25.	Have you ever been terminated, resigned in lieu of termination or corrective action, or asked to resign from any job? If yes, explain in Item 31, page 7.	Yes No
26.	Do you have any relatives, including elected officials, by blood or marriage, that are employed by Lake County Government? If yes, indicate in Item 31, page 7 their name(s), Department(s)/Division(s), and relationship.	Yes No
27.	Do you possess a current, valid Florida driver license? If yes, complete question 28. If no, explain in Item 31, page 7.	Yes No
28.	Indicate which driver license you possess, by checking the appropriate box: <input type="checkbox"/> E (Regular Operator License) Commercial Driver License (CDL) type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
29.	Do you have any driver license endorsement? *If yes, check the appropriate box(es): <input type="checkbox"/> H- Any vehicle used to transport hazardous materials in placardable amounts. <input type="checkbox"/> N- A tank vehicle designed to transport any liquid or gaseous material with designed capacity of 1,000 gallons or more. <input type="checkbox"/> P- Any vehicles, public or private, designed to transport 16 or more passengers, including the driver. <input type="checkbox"/> S- A commercial motor vehicle (requires CDL) used to transport pre-primary, primary, or secondary school students from home to school, from school to home, or to and from school-sponsored events. Does not include a bus used as a common carrier. <input type="checkbox"/> T- Combination vehicles with double/triple trailers. <input type="checkbox"/> X- Any tank vehicle used to transport placardable amounts of hazardous materials. <input type="checkbox"/> Other _____	
<p>NOTE: If you are hired by the Board of County Commissioners and the position for which you are hired requires the operation of a vehicle or equipment while conducting County business, you must have and maintain a VALID Florida Driver License that meets the Board of County Commissioner's requirements of an acceptable driving record and that which is required by the position. Your driving record will be checked with the Florida Department of Motor Vehicles.</p>		

30. Please indicate where you first learned of this opening:	
<input type="checkbox"/> Lake County Website: www.lakecountyfl.gov <input type="checkbox"/> The job listings in the Employee Services Department <input type="checkbox"/> Employ Florida Marketplace <input type="checkbox"/> Newspaper or magazine, please provide the name of the publication _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Friend _____ <input type="checkbox"/> County Employee _____

Name _____

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW

I understand that the Lake County Board of County Commissioners is committed to providing equal opportunity in all employment practices, including without limitation, to selection, hiring, promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

The Employee Services Department staff or other designated Board of County Commissioners staff is authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for employment service, including, but not limited to, military service, education and employment history.

A false answer to any question(s), in this application may be grounds for disqualification from consideration for employment, or for immediate termination if discovered after you begin work. All statements are subject to investigation, including a check of your education, training and experience statements. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application and attached resume, if included, and in any interview are true. I understand that any misstatement, misrepresentation material omission or falsification of facts shall cause forfeiture of all rights to employment service with the County. I understand that after a conditional offer of employment service, the following tests may be required as a condition of employment service with the Board of County Commissioners; drug screen, medical evaluation, background check, driver's license records check, credit report, criminal history check and a physical demonstration of job-related skills.

I hereby release and hold harmless the Board of County Commissioners, and its agents and its affiliates, custodians of record for any school, state and federal agencies, agents, owners, law enforcement agencies, credit reporting agencies, present and/or past employers, their officers and employees that shall provide information to the Board of County Commissioners from any and all liability based on their authorized receipt, disclosure, and use of the foregoing information.

I authorize the Board of County Commissioners to provide truthful information concerning my employment with it to my future prospective employers and agree to hold it harmless for providing such information.

I understand that the Board of County Commissioners is a certified Drug Free Workplace and that the Board of County Commissioners may require an applicant or employee, either prior to or at any time during employment, to the extent permitted by law, to submit to a medical examination, including, but not limited to a drug/alcohol screening test, and I hereby consent to take these examinations.

If accepted for employment service I agree to abide by and comply with all rules, regulations, policies and procedures of the Board of County Commissioners. I understand that my employment with the Board of County Commissioners is at-will, that I have the right to terminate my employment at any time with or without cause, and that the Board of County Commissioners has the same right. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the policies and practices of the Board of County Commissioners.

Date Signed

Applicant's Signature - In Ink (Submittal of this application electronically is considered an electronic signature.)

Print Name

