



APPLICATION FOR EMPLOYMENT
Board of County Commissioners
P.O. Box 2340
LaBelle, Florida 33975-2340

Please answer all questions completely in your handwriting in ink. Resumes may be included to supplement the information on the application, but are not accepted in lieu of completion of this application. This application will only be used to consider you for the one position for which you are applying. If you wish to be considered for future openings, you will need to submit a new application.

I. PERSONAL INFORMATION

Last Name		First		Middle	
Street Address					Home Phone ()
City			State	Zip	Business Phone ()
e-mail address:					Cell Phone ()
Have you ever been involuntarily terminated or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain:			If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required for the position, do you have a valid Florida driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: <input type="checkbox"/> E – Regular License <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C CDL Endorsements: _____			
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" name: _____					
Are you able to perform the essential functions of the position as listed and described on the job description for this position with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a felony or first degree misdemeanor, pled "open" or no contest to a felony or first degree misdemeanor, or been a defendant in a civil action for an intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes" list offense, date and disposition of the case. <i>Convictions will not necessarily disqualify you for the position.</i>					

II. EMPLOYMENT INTERESTS

Position Applying For:	Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired - Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>		Days and hours available for work	

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

Typing speed: wpm	Foreign Languages (indicate proficiency to speak, read and write)
PC Skills (Indicate software used)	
Other Skills	
Professional Licenses or Certifications:	

V. EMPLOYMENT INFORMATION: Start with your current or most recent employer. Account for all time periods for at least the past 10 years, including unemployment, self-employment and military service. (Attach separate page(s), if necessary.)

1	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Number of Employees you supervised			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Supervisor Name		Supervisor's Phone Number ()			Reason for leaving	
	Duties and Responsibilities:						
2	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Number of Employees you supervised			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Supervisor Name		Supervisor's Phone Number ()			Reason for leaving	
	Duties and Responsibilities:						
3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Number of Employees you supervised			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Supervisor Name		Supervisor's Phone Number ()			Reason for leaving	
	Duties and Responsibilities:						
4	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Number of Employees you supervised			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Supervisor Name		Supervisor's Phone Number ()			Reason for leaving	
	Duties and Responsibilities:						
5	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Number of Employees you supervised			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Supervisor Name		Supervisor's Phone Number ()			Reason for leaving	
	Duties and Responsibilities:						

VI. PROFESSIONAL REFERENCES

Name	Phone Number	Years Known	Business Relationship

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	Hendry County BOCC personnel policies and procedures, as well as other policies and practices, are subject to change or modification by the Hendry County Board of County Commissioners and/or County Administrator, solely at their discretion, without notice. Only the Board of County Commissioners has the authority to enter into any contract with me or to make any agreement contrary to the foregoing.
Initial	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide Hendry County BOCC with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you. Additionally, I understand that Hendry County BOCC may conduct a background check as well as check a check of any social media pages I may have.
Initial	In consideration of employment, I agree to obey the rules and standards of Hendry County BOCC. I understand that nothing contained in this application or in the interview process is intended to create a contract between Hendry County BOCC and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or Hendry County BOCC. This constitutes my entire agreement with Hendry County BOCC with regard to the length of my employment.
Initial	Hendry County BOCC is a Drug-Free Workplace. I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am unable to perform my job without endangering others or myself at any time during my employment, I may be required to take an alcohol/drug test.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions may disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.

Applicant Signature:	Date:
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**Hendry BOCC is a Drug-Free Workplace
Hendry BOCC uses E-Verify**

Hendry County BOCC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, pregnancy, gender identity, sexual orientation, religion, national origin, ethnicity, income, disability, veteran status, family status, genetics, or any other characteristic or status that is protected by federal, state or local law. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

Applicants seeking Veteran's Preference should attach the Veteran's Preference Request Form and a copy of their DD 214 to this application.

Hendry County's Equal Employment Opportunity Utilization Report is available at: https://www.hendryfla.net/nondiscrimination_and_ada_resources.php

Hendry County BOCC
Applicant Survey Form

Completion of this form is *OPTIONAL*. The following information will be used for Equal Employment Statistical information and identification purposes only. This form will be detached and not processed/provided with application form. It would be helpful if you provided the following information.

Name: _____

Position Applied for: _____ **Date:** _____

Ethnic Background:

- White
- Black
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Other (Specify) _____

Sex:

- Male
- Female

Date of Birth: _____

Marital Status:

- Married
- Single
- Divorced

How did you hear about our job announcement?

- Newspaper
- LinkedIn
- Goodwill Job-Link Referral
- Employ Florida Announcement / Career Source Referral
- Hendry County Web Site
- Florida Association Site _____
- Other: _____