

**APPLICATION FOR EMPLOYMENT
EAST FLAGLER MOSQUITO
CONTROL DISTRICT**

We are an equal opportunity employer, dedicated to non discrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability, veteran or marital status.

This application will be valid for seven days. The placing of any extraneous writings on this application will automatically disqualify the applicant for job consideration. Please answer only the questions listed herein.

Date: _____ Social Security No. _____

Name: _____ Are you 18 or older? ? Yes No

Present Address: _____
Street City State

Permanent Address: _____
Street City State

Phone No.: () _____ Referred by: _____

If related to anyone who works for the Control District,
State Name, Department and Location: _____

In Case of Emergency, Please Notify: _____
Name Address Telephone

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

Are you Employed Now? Yes No

May we inquire of your present employer? Yes No

Ever applied to this Company before? Yes No

Are there any days, shifts or hours you will not work? _____
If yes, please explain: _____

EDUCATION

	Name and Location of School	Degree/Certificate	Subjects Studied	Grade Average
High School:				
College:				
Trade, Business or Correspondence School:				
Other (including graduate school):				

Have you ever been convicted of, or pled guilty, no contest or *nolo contendere* to a crime? Yes No
 If yes, give details (date, place, offense(s), disposition, etc.) _____

Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? Yes No

If yes, give details (date, place, offense(s), disposition, etc.): _____

Have you ever been a defendant in a civil action for intentional tort(s) (e.g., assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment?)

Yes No

If yes, identify the alleged intentional tort(s) and/or unlawful employment practice(s), the disposition of the action, and the date of the disposition. _____

PREVIOUS EMPLOYMENT: List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages, if necessary)

Date Month and Year	Name, Address and Telephone # of Employer	Position and Job Duties	Salary	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

Did you work for any of these employers under a different name? Yes No

If yes, which employer(s) and under what name(s)? _____

Please explain any gaps in your employment history: _____

Have you received any written reprimands or disciplinary suspension during any previous employment?

Yes No

If yes, please explain: _____

Have you ever been discharged or asked to resign? Yes No

If yes, please explain (include by whom, when and for what: _____

DRIVING RECORD:

Do you have a valid driver's license? Yes No What class of license do you possess? _____
State _____ Driver's License Number _____

Have you ever had your license or driving privileges revoked, suspended, or placed on probation?

Yes No

If yes, please explain (include when, where and what action was taken: _____

How many speeding or other moving violations have you received in the last three (3) years? _____

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional pages if necessary).

Date	Location	Description	Result

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the East Flagler Mosquito Control District or independent contractor to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the District all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the District, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or the East Flagler Mosquito Control District's medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the District or myself. I understand that no supervisor or other representative of the District other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the District to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand
and agree with the above.

Date

Signature of Applicant