

EDUCATION

Circle Highest Level Completed

GRADE SCHOOL OR HIGH SCHOOL

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

COLLEGE

1 | 2 | 3 | 4 |

GRADUATE SCHOOL

1 | 2 | 3 | 4 |

<u>SCHOOLS</u>	<u>NAME & ADDRESS OF SCHOOL</u>	<u>DATES ATTENDED (GIVE MONTH AND YEAR)</u>		<u>ANSWER BELOW FOR EACH SCHOOL TO THE HIGHEST LEVEL COMPLETED</u>				
HIGH SCHOOL		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NOT, DO YOU HAVE A G.E.D. EQUIVALENCY CERTIFICATE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ISSUED BY _____				
COLLEGE OR UNIVERSITY		FROM	TO	CREDITS COMPLETED SEM. QTR. HRS. HRS.	MAJOR	DID YOU GRADUATE? YES ____ NO ____	DEGREE RECEIVED TYPE YEAR	
					MINOR			
GRADUATE STUDIES		FROM	TO	CREDITS COMPLETED SEM. QTR. HRS. HRS.	MAJOR	DID YOU GRADUATE? YES ____ NO ____	DEGREE RECEIVED TYPE YEAR	
					MINOR			
VOCATIONAL/ BUSINESS		FROM	TO	HOURS PER WEEK		MAJOR STUDY		

Specialized Skills

Please list any pertinent skills or knowledge that you may have (computer software, office machines you can operate, machinery or heavy equipment you can or have operated; professional licenses or certifications you hold; mechanical, electrical, construction tools/ equipment, etc.) Be very specific:

OFFICE MACHINES:	
COMPUTER SOFTWARE:	
PROFESSIONAL LICENSE/ CERTIFICATION(S)	

Work History

Describe any employment or occupation you have had, including experience in the armed forces and volunteer work. Begin with your present or most recent employment in Block A. Count each promotion as a separate job. Be sure to include all relevant details. Use a separate sheet, if necessary. DO NOT LEAVE BLANK AND DO NOT STATE "SEE RESUME". A resume may be attached but will not be accepted in lieu of the application.

May we contact your current employer: Yes No If yes, when may we contact? _____

A	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO		STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK	
COMPANY PHONE		REASON FOR LEAVING				
DESCRIBE YOUR WORK IN DETAIL						
B	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO		STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK	
COMPANY PHONE		REASON FOR LEAVING				
DESCRIBE YOUR WORK IN DETAIL						
C	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO		STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK	
COMPANY PHONE		REASON FOR LEAVING				
DESCRIBE YOUR WORK IN DETAIL						
D	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO		STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK	
COMPANY PHONE		REASON FOR LEAVING				
DESCRIBE YOUR WORK IN DETAIL						

E	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO		STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK	
COMPANY PHONE		REASON FOR LEAVING				
DESCRIBE YOUR WORK IN DETAIL						

Pursuant to Chapter 119, Florida Statutes – Public Records Law, personnel records and job applications, except for certain items specifically exempted from the Public Records Law, are open for inspection by any person. All social security numbers held by an agency are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

APPLICATION MUST BE SIGNED IN ORDER TO BE EVALUATED. PLEASE CHECK ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

Signature Certification and Release of Information

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Clay County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that this application must be completed in full. Incomplete applications may be rejected. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

APPLICANT'S SIGNATURE _____ **DATE** _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Clay County is an Equal Opportunity/ Affirmative Action employer and subject to certain reporting and affirmative action requirements. The information required is requested only so we may meet our Equal Opportunity/ Affirmative Action obligations.

Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This information will be maintained separately from your application.

PLEASE SELECT THE APPROPRIATE INFORMATION FOR EACH CATEGORY:

Date of Birth: _____

Sex: Male Female

Name In Full: _____

Position applied for: _____

Handicapped / Disabled: Yes No

How did you learn about this vacancy? (please check applicable source)

- | | |
|---|---|
| <input type="checkbox"/> County Website | <input type="checkbox"/> Advertisement (located in) _____ |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Employee Referral (name) _____ |
| <input type="checkbox"/> Agency (specify) _____ | <input type="checkbox"/> Other (source) _____ |

ETHNICITY: (check one)

- WHITE (not of Hispanic origin)
- BLACK (not of Hispanic origin)
- HISPANIC
- ASIAN OR PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE

Applicant's Signature: _____ **Date:** _____