

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

Position Desired: _____
Date Available: _____
Desired Pay: _____

PERSONAL INFORMATION

NAME (LAST, FIRST)		SSN:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	PHONE (2):	EMAIL:	

- Y N
- Are you legally authorized to Work in the US?
- Are you 18 years or older?
- Do you have a valid driver's license? Class E/ CDL Class: _____ Endorsements: _____
- Have you ever served in the military (US or other)?
If so, Branch of Service: _____ Discharge Rank: _____
Service Dates: _____ Discharge Type: _____
- Are you currently a member of the reserves? Branch: _____ Date obligation Ends: _____
- Are you claiming Veteran's Preference? If so, please fill out the corresponding section of this application.
- Have you ever applied to this company before? If so, when? _____
- Would you need any accommodations to perform the job for which you are applying? If so, describe: _____

Answering of the following will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.

- Have you ever been convicted of, plead guilty/ no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)? If so, explain: _____

- Have you ever been a defendant in a civil action for intentional tort? If so, explain and give disposition: _____

PROFESSIONAL REFERENCES

NAME	ADDRESS	COMPANY	PHONE

Any additional information that you think would be pertinent: _____

For SALARIED positions: Please attach a resumé to this application. A resumé will not be accepted in lieu of this application.

EDUCATION

	NAME	LOCATION	DEGREE TYPE	SUBJECT(S)
HIGH SCHOOL				
POST-SECONDARY				
BUSINESS, TRADE, ETC				

OTHER TRAINING, CERTIFICATIONS, LICENSES

SPECIAL SKILLS (FOREIGN LANGUAGES, MACHINES OPERATED, SOFTWARE UTILIZED, ETC)

FORMER EMPLOYERS: **Most Recent/ Current First**

EMPLOYER:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE:	EMPLOYMENT DATES:		
SUPERVISOR:	ENDING SALARY:	MAY WE CONTACT?	
REASON FOR LEAVING:			

EMPLOYER:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE:	EMPLOYMENT DATES:		
SUPERVISOR:	ENDING SALARY:	MAY WE CONTACT?	
REASON FOR LEAVING:			

EMPLOYER:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE:	EMPLOYMENT DATES:		
SUPERVISOR:	ENDING SALARY:	MAY WE CONTACT?	
REASON FOR LEAVING:			

AGREEMENTS

I understand that my position with St Johns Improvement District is temporary during the probationary period established. My employment may be ended before the expiration of that period for any lawful reason without recourse. I understand that St Johns Improvement District is a drug free workplace, and as such I will be required to pass a drug test before a formal offer of employment can be extended. Further, I understand that during my employment random drug tests may occur.

I authorize my former employers to furnish their records of my service. I release them from liability for any damage in providing this information.

I understand that any false or misleading information supplied by me may result in disqualification for or dismissal from employment.

I understand that once this application is received by St Johns Improvement District, it becomes public record in accordance with FS Chapter 119, with the exception of certain specified exempt information.

I understand that upon termination of employment, St Johns Improvement District may hold my final paycheck until a final accounting is made for any District property in my custody.

Signature

Date

VETERAN'S PREFERENCE

Y N

Are you claiming Veteran's Preference? Veteran's Preference in employment is only available to Florida Residents. Administrator positions are exempt from Veteran's Preference. If so, please select only one of the options below and attach substantiating documentation to this application.

- _____ 1. A veteran with compensable service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the US Veterans' Administration and the Department of Defense.
- _____ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign power.
- _____ 3. A veteran of any war who has served on active duty for at least 1 day, and who was discharged or separated therefrom under honorable conditions ONLY or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the US Department of Veterans Affairs on individuals discharged or released with other than honorable discharges.
- _____ 4. The un-remarried widow or widower of a veteran who died of a service connected disability.

NOTE: Under Chapter 295, Florida Statutes, preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If a non-preference-eligible applicant is selected for the position over a preference-eligible applicant, a complaint may be filed with the Department of Veterans' Affairs, 11351 Ulmerton Rd, Rm 311K; Largo, FL 33778, requesting an investigation. A complaint shall be filed within 21 days after receiving notice of a hiring decision. If notice of a hiring decision is not received within two calendar months, and it is determined that the position was filled by a non-preference-eligible applicant, the preferred applicant may file a complaint within three calendar months of the date the application was received by employer.

AFFIRMATIVE ACTION SURVEY

Qualified applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, gender, national origin, age, marital status, veteran status, medical condition, disability, or any other legally protected status.

As an employer, we comply with government regulations and affirmative action responsibilities. Government agencies require periodic reports on the gender, ethnicity, disability, marital, and veteran status of applicants

This data is for analysis, affirmative action and periodic government reporting only and will be kept **CONFIDENTIAL**, separate from the Application for Employment.

The following information is requested on a **voluntary** basis. This information will be used **only** in accordance with parts II, III, and IV of Executive Order 11246, and section 503 of the Rehabilitation Act of 1973. Refusal to provide it will not subject an applicant or employee to any adverse treatment.

Applicant Name: _____ Todays Date: _____

Choose one in each category:

Gender

Male Female Choose not to identify

Marital Status

Single Married Divorced Widow(er) Other Choose not to identify

Ethnicity

Hispanic Non-Hispanic Choose not to identify

Veteran Status

Disabled Veteran Veteran Veterans Spouse Non-Veteran

Disability

Disabled Not-Disabled Choose not to identify

Choose as many as apply:

Race

African American Alaskan Native American Indian East Asian (China, Japan, Korea)
 Middle Eastern Native Hawaiian Pacific Islander Southeast Asian (India to Vietnam)
 White Choose not to identify

How did you learn of this position?

Advertisement: Internet Newspaper Job Service Television
Personal: Friend Employee Telephone Walk-in

Other: _____