

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Are you currently in
the Armed Forces?

YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

Pursuant to Chapter 119, FL. Statutes and the procedure adopted by the Flagler County Board of County Commissioners, personnel records and job applications shall be open for inspection by any person.

AGREEMENTS:

PROBATION PERIOD - It is understood that I shall be considered a probationary employee for no less than six months but no longer than twelve months from date of hire. I may be discharged or laid off before the expiration of that period without recourse, in accordance with Flagler County Policies and Procedures.

STATEMENT BY APPLICANT:

- I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employ, together with all employment-related information they may have concerning me.
- I also authorize educational institutions to furnish their records of education-related information they may have concerning me.
- It is agreed that any misrepresentations by me in this application will be sufficient cause for its cancellation of for dismissal from the County's service if I am employed.
- I hereby certify the facts set forth in the above employment application are true and complete to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____



Flagler County Board of County Commissioners

Authorization to Obtain Background Information/Criminal History

- I authorize Flagler County BOCC Human Resources Department to perform a background investigation in connection with my application to become employed with the County.
- This investigation may include information as to my financial status, school history, criminal arrests and convictions, Department of Motor Vehicle records, references, previous employers, medical history, and any other relevant personal records the County deems necessary.
- **I authorize the release of any information to the Flagler County Human Resources Department that the County may request from any and all of the above sources.**
- **A copy of this release shall be valid as the original document.**
- **I also understand and agree that all information received by Flagler County as a result of this investigation connected with my application is confidential and shall NOT be disclosed to me.**

Printed Name: _____

Signature: _____ Date: _____

Veteran's Preference Form

ALL APPLICANTS MUST

ANSWER "YES" OR "NO" TO QUESTION 1 and SIGN AND DATE THE FORM

If you are claiming Veteran's Preference, a copy of your DD214 or comparable document which serves as a certification of release or discharge claim, must be furnished at the time of application.

1. Are you claiming Veteran's Preference Yes No

2. Check the appropriate category if you are claiming Veteran's Preference:

A Veteran with a service-connected disability which is compensable under public law; or a veteran who is receiving compensation, disability retirement benefits, or pension by reason of public laws, where "public laws" are those administered by the U.S. Department of Veterans Affairs; or

The spouse of a Veteran who cannot qualify for employment due to a service connected total and permanent disability, or spouse of a Veteran missing in action, captured or forcibly detained by a foreign power; or

A Veteran of any war who has served on active duty for at least one day, and who was discharged or separated there from under honorable conditions from the Armed Forces of the United States if any part of such duty was performed during a wartime era (active duty for training is not allowable); or

The non-remarried widow or widower of a Veteran who died of a service-connected disability; or

Operation Enduring Freedom – October 7, 2001 until present.

Operation Iraqi Freedom – March 19, 2003 until present.

A Veteran that received the Armed Forces Expeditionary Medal.

Effective April 8, 1992, Chapter 92-80, Laws of Florida amended the definition of wartime service to include the Persian Gulf War, beginning August 2, 1990, and ending on such date as may be prescribed by presidential proclamation or by law.

The County will give your application every special consideration required by the law (Florida Administrative Code, Chapter 55A-7). If you believe you were not afforded employment preference in accordance with the law, you have the right to file a complaint within twenty-one (21) days of notice of non-selection for the position with the Department of Veteran's Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, Florida 32278-1630.

Name: _____

Signature: _____ Date: _____