

PUTNAM COUNTY BOARD OF COUNTY COMMISSIONERS

Human Resources, 2509 Crill Avenue, Suite 300, Palatka, FL 32177

Phone: (386) 329-0221 ❖ www.putnam-fl.com

APPLICATION FOR EMPLOYMENT

Putnam County Board of County Commissioners is an equal opportunity employer and always employs the best qualified individual for the job based upon job-related qualifications, and regardless of race, color, creed, sex, national origin, age, disability, or other protected status under federal, state, or local law.

All information requested must be legible and completed in full to be considered, regardless of whether or not a resume is attached. This includes the personal references. NO fax copies or e-mail attachments will be accepted.

PERSONAL

PLEASE PRINT

DATE: _____	HOME PHONE: _____	
NAME: _____		
LAST	FIRST	MIDDLE/MAIDEN
STREET ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
DRIVER'S LICENSE #: _____	STATE: _____	
E-MAIL: _____		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? Y N		ARE YOU AT LEAST 18 YEARS OLD? Y N
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR HAVE YOU EVER BEEN A DEFENDANT IN A CIVIL ACTION FOR INTENTIONAL TORT? Y N		
If yes, when: _____	Explain: _____	
ARE YOU RELATED TO A CURRENT PUTNAM COUNTY BOARD OF COUNTY COMMISSIONER'S EMPLOYEE? Y N		
IF YES, TO WHOM? _____	RELATIONSHIP? _____	

JOB INTEREST

POSITION DESIRED: _____	SALARY DESIRED: \$ _____	
TYPE OF WORK PREFERRED: FULL-TIME	PART-TIME	DATE AVAILABLE: _____
HOW DID YOU HEAR ABOUT THIS POSITION? _____		
ARE YOU EMPLOYED NOW? Y N	MAY WE CONTACT YOUR PRESENT EMPLOYER? Y N	
HAVE YOU EVER WORKED FOR PUTNAM COUNTY BOARD OF COUNTY COMMISSIONERS? Y N		
IF YES, WHERE: _____	WHEN: _____	

PLEASE DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Remarks: _____

EDUCATION

	JUNIOR HIGH	SENIOR HIGH	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME, CITY/STATE				
CIRCLE HIGHEST COMPLETED	6 7 8	9 10 11 12 GED Dip.	1 2 3 4 A.A. A.S. B.A B.S.	1 2 3 4 M.A. M.Ed. M.S. Ph.D.
COURSE OF STUDY:			DATE RECEIVED:	DATE RECEIVED:
ADDITIONAL EDUCATION:				

WORK EXPERIENCE

Please provide **AT LEAST TEN YEARS WORK HISTORY** and explain any employment breaks of three months or more in the space between jobs.

PRESENT OR MOST RECENT JOB

Employer (Company's) Name: _____ Phone: (____) _____

Company's Address: _____

Your Job Title: _____ Supervisor's Name: _____

Dates Employed: ___/___/___ to ___/___/___ Beginning Salary: \$_____ Ending Salary: \$_____

Work Performed: _____

Why did you leave or why are you leaving this employer? _____

SECOND MOST RECENT JOB

Employer (Company's) Name: _____ Phone: (____) _____

Company's Address: _____

Your Job Title: _____ Supervisor's Name: _____

Dates Employed: ___/___/___ to ___/___/___ Beginning Salary: \$_____ Ending Salary: \$_____

Work Performed: _____

Why did you leave this employer? _____

THIRD MOST RECENT JOB

Employer (Company's) Name: _____ Phone: (____) _____

Company's Address: _____

Your Job Title: _____ Supervisor's Name: _____

Dates Employed: ___/___/___ to ___/___/___ Beginning Salary: \$_____ Ending Salary: \$_____

Work Performed: _____

Why did you leave this employer? _____

LIST ADDITIONAL JOBS HERE

FOURTH MOST RECENT JOB

Employer (Company's) Name: _____ Phone: (____) _____
Company's Address: _____
Your Job Title: _____ Supervisor's Name: _____
Dates Employed: ____/____/____ to ____/____/____ Beginning Salary: \$_____ Ending Salary: \$_____
Work Performed: _____
Why did you leave this employer? _____

FIFTH MOST RECENT JOB

Employer (Company's) Name: _____ Phone: (____) _____
Company's Address: _____
Your Job Title: _____ Supervisor's Name: _____
Dates Employed: ____/____/____ to ____/____/____ Beginning Salary: \$_____ Ending Salary: \$_____
Work Performed: _____
Why did you leave this employer? _____

SIXTH MOST RECENT JOB

Employer (Company's) Name: _____ Phone: (____) _____
Company's Address: _____
Your Job Title: _____ Supervisor's Name: _____
Dates Employed: ____/____/____ to ____/____/____ Beginning Salary: \$_____ Ending Salary: \$_____
Work Performed: _____
Why did you leave this employer? _____

SEVENTH MOST RECENT JOB

Employer (Company's) Name: _____ Phone: (____) _____
Company's Address: _____
Your Job Title: _____ Supervisor's Name: _____
Dates Employed: ____/____/____ to ____/____/____ Beginning Salary: \$_____ Ending Salary: \$_____
Work Performed: _____
Why did you leave this employer? _____

IF YOU NEED MORE SPACE, PLEASE CONTINUE YOUR JOB HISTORY ON A SEPARATE SHEET OF PAPER

MILITARY SERVICE AND VETERANS' PREFERENCE

Complete this section if you served in the U.S. Armed Forces.

DATES OF SERVICE: _____ to _____ SERVICE BRANCH: _____

RANK: _____ TYPE OF DISCHARGE: _____

ARE YOU IN THE NATIONAL GUARD OR RESERVES? Y N

PLEASE INDICATE IF YOU ARE CLAIMING VETERANS' PREFERENCE.

(Note: Attach DD form 214, Certificate of Discharge or separation from active duty, or other official documents (to include military discharge papers, or equivalent certification from DVA listing military status, dates of service, and discharge type) issued by the branch of service are required as verification of eligibility for Veterans' Preference.)

I DO NOT CLAIM VETERANS' PREFERENCE.

I CLAIM VETERANS' PREFERENCE BECAUSE I AM (check one below):

- 1. A veteran with a compensable service-connected disability and I am eligible to receive compensation, disability retirement or a pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense.
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- 3. A veteran of any war who has served on active duty for one (1) day or more during a wartime period, excluding active duty for training, and who was discharged under HONORABLE conditions from the Armed Forces of the United States of America, if any part of such active duty was performed during a wartime era.
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.
- 5. Receipt of any Armed Forces Expeditionary Medal (AFEM) or Global War on Terrorism Expeditionary Medal (GWTEM) is qualifying for Veterans' Preference.

Have you claimed and been employed through Veterans' Preference since October 1, 1987?

YES Name of Employer _____ Hire Date: _____

NO

I hereby certify that the information on my Veterans' Preference status is true and correct to the best of my knowledge. I understand that falsification of this information can be a criminal violation and may result in my dismissal, if employed.

Signature

Date

NOTE: Applicants who claim a Veterans' Preference and are not selected for a position may file a complaint with the Florida Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of hiring decision. If a notice of hiring decision is not given, a complaint may be filed at any time.

TRAINING, SPECIAL SKILLS, AND QUALIFICATIONS

List your special skills, vocational training, apprenticeships, extracurricular activities, honors received, and licenses or other qualifications.

REFERENCES

Please list the names and phone number of three personal references who know you well.

(DO NOT INCLUDE FAMILY MEMBERS OR SUPERVISORS IDENTIFIED IN WORK EXPERIENCE.)

NAME

PHONE NUMBER

- 1. _____
- 2. _____
- 3. _____

STATEMENT OF ABILITY TO PERFORM THE JOB

Are you able to perform all of the essential functions of the position for which you have applied with or without accommodation? Y N

If no, please explain: _____

CERTIFICATION

By my signature below, I certify that the information I have provided on this application is true and complete. I understand that false statements or omission of facts will be cause for refusal to hire or for immediate dismissal if I have been employed. I agree, if hired, to abide by all policies, rules, and regulations of Putnam County Board of County Commissioners.

I give Putnam County Board of County Commissioners the right to investigate all references and information given. I hereby release from liability the county and its representative for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Print Name

Signature

Date

**Thank you for completing this application,
and your interest in employment with Putnam County.**

