

GENERIC APPLICATION FOR EMPLOYMENT

(Print neatly and complete all blanks)

Provided by Osceola County Office of Secondary Road

Date:

Osceola County is an Equal Opportunity Employer/Program

Auxillary aids and services are available upon request to individuals with disabilities.

PERSONAL

Full Name:

First

Middle Initial

Last

Current Address:

Number

Street

City

State

Zip

Telephone Number: ()

Social Security Number:

Are you 18 years of age or older?
Are you legally able to work in the
United States?

Yes No

Yes No

Are you a military Veteran?
If Yes, Dates of
Active Duty:

Yes No

to

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application?

EMPLOYMENT DESIRED

Job Title:

Date you can start:

Wage Desired:

Are you available for work:

Full-Time

Part-Time

Temp

Seasonal

EDUCATION

Do you have a High School Diploma or GED? Yes No

Name of last school attended:

City:

State:

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements:

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.):

EMPLOYMENT HISTORY

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)**Company Name:** _____ **Job Title:** _____**Address:**
Number _____ Street _____ City _____ State _____ Zip _____**Start Date:** ____ / ____ / ____ **End Date:** ____ / ____ / ____ **Rate of Pay:** _____**Detailed Job Duties:** _____**Reason for Leaving:** _____

Company Name: _____ **Job Title:** _____**Address:**
Number _____ Street _____ City _____ State _____ Zip _____**Start Date:** ____ / ____ / ____ **End Date:** ____ / ____ / ____ **Rate of Pay:** _____**Detailed Job Duties:** _____**Reason for Leaving:** _____

Company Name: _____ **Job Title:** _____**Address:**
Number _____ Street _____ City _____ State _____ Zip _____**Start Date:** ____ / ____ / ____ **End Date:** ____ / ____ / ____ **Rate of Pay:** _____**Detailed Job Duties:** _____**Reason for Leaving:** _____

May we contact your former employers to verify this information?

Yes No May we contact your present employer? Yes No The law prohibits discrimination in hiring due to
age, race, color, creed, sex, national origin,

religion, disability or veteran's status.

Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.**Signature:** _____**Date:** _____

References

Please list at least 3 persons not related to you, whom you have known for at least 1 year. Ideally, at least one of the persons named should have knowledge of applicable employment history and character (eg. prior supervisor, co-worker, volunteer coordinator, etc.)

Name	Phone No.	Location	Relationship	Years Known
1.				
2.				
3.				
4.				
5.				

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Printed Name _____ Signature _____ Date _____