

LEE COUNTY MOSQUITO/HYACINTH CONTROL DISTRICTS

15191 Homestead Road
Lehigh Acres, Florida 33971
Phone: 239-694-2174

EMPLOYMENT APPLICATION

Equal Opportunity/Veterans' Preference Employers
A Drug-Free Workplace

revised 09/16/16

It is important that you answer all questions on this application completely and accurately. Incomplete applications may not be considered. You may attach a resume to the application, however, writing "see resume" or something similar in lieu of the requested information will be considered incomplete. Applications on file will be kept active for 6 months. Please print in ink.

DATE OF APPLICATION _____	POSITION(S) APPLIED FOR (if you are interested in more than one position, list all positions for which you wish to be considered) _____	TYPE OF EMPLOYMENT DESIRED Full Time _____ Part Time _____ Seasonal (May – Oct. ONLY): Seasonal Daytime _____ Seasonal Nighttime _____ On Call (Nighttime ONLY) _____
CONTACT INFORMATION Email _____ Home Phone _____ Cell Phone _____	DATE AVAILABLE FOR WORK _____	DESIRED PAY RATE _____
SOCIAL SECURITY NUMBER _____ - _____ - _____		

NAME

First Middle Last

ADDRESS

Street _____
City State Zip Code _____

EDUCATION	Name of School	City/State of School	Graduate Yes or No	CERTIFICATIONS AND LICENSES
High School/GED				Valid Florida Driver's License Yes No Florida CDL Driver's License A B C CDL Endorsements _____ List all other applicable licenses/certifications: _____ _____ _____
College/University				
Vocational/Business				
Other Studies/Special Training				

ARE YOU RELATED TO ANYONE WHO WORKS AT THE LEE COUNTY MOSQUITO/HYACINTH DISTRICTS? YES NO

If Yes, please list, name(s) of employee(s) and relation(s) to you: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR FOR WHICH THE RECORD HAS NOT BEEN SEALED OR EXPUNGED?
The Districts will not deny employment to any applicant solely because the person has been convicted of a crime. The District may however consider the nature, date and circumstances of the offense(s) as well as whether the offense(s) is relevant to the duties of the position applied for. YES NO

If Yes, please list date, charge, location and disposition: _____

VETERAN'S PREFERENCE Certain veterans, spouses of veterans, and certain family members of veterans are entitled to Veteran's Preference under Florida law. If you claim Veteran's Preference, all required documentation must accompany your resume/application or be submitted prior to the closing date of the job posting if the position is posted. If any preference eligible applicant claiming Veteran's Preference for a vacant position is not selected for the position, the applicant has the right to an investigation by the Division of Veterans' Affairs if a non-preference eligible applicant is appointed to the position. In order to commence investigation, the applicant must file a written complaint addressed to Florida Department of Veterans' Affairs, 9500 Bay Pines Blvd., Room 214, St. Petersburg, FL 33708. A complaint shall be filed within 60 days after notice of the hiring decision. If a notice of hiring decision is not given, it is the responsibility of the veteran to contact the employer within 45 days of the application or interview date whichever is later to determine if the position has been filled. See our websites www.lcmcd.org www.lchcd.org for more information.

DO YOU WISH TO CLAIM VETERAN'S PREFERENCE? YES NO (NOT APPLICABLE FOR SEASONAL AND ON-CALL POSITIONS)

EMPLOYMENT HISTORY Begin with your present or last job and describe in detail all periods of employment **FOR THE LAST TEN YEARS** including self-employment, military service, part-time employment, periods of unemployment, volunteer and school work. Use additional sheets as necessary.

EMPLOYER _____ PHONE/EMAIL _____
 ADDRESS _____
 JOB TITLE _____ START DATE _____ END DATE _____
 REASON FOR LEAVING _____
 STARTING PAY RATE _____ LAST PAY RATE _____
 SUPERVISOR'S NAME AND TITLE _____

EMPLOYER _____ PHONE/EMAIL _____
 ADDRESS _____
 JOB TITLE _____ START DATE _____ END DATE _____
 REASON FOR LEAVING _____
 STARTING PAY RATE _____ LAST PAY RATE _____
 SUPERVISOR'S NAME AND TITLE _____

EMPLOYER _____ PHONE/EMAIL _____
 ADDRESS _____
 JOB TITLE _____ START DATE _____ END DATE _____
 REASON FOR LEAVING _____
 STARTING PAY RATE _____ LAST PAY RATE _____
 SUPERVISOR'S NAME AND TITLE _____

EMPLOYER _____ PHONE/EMAIL _____
 ADDRESS _____
 JOB TITLE _____ START DATE _____ END DATE _____
 REASON FOR LEAVING _____
 STARTING PAY RATE _____ LAST PAY RATE _____
 SUPERVISOR'S NAME AND TITLE _____

DO YOU HAVE ANY OBJECTIONS TO THE DISTRICTS' CONTACTING YOUR PRESENT EMPLOYER? YES NO

H AVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB? NO
 YES, explain: _____

PERSONAL REFERENCES: List three responsible persons (other than relatives or past supervisors) who have knowledge of your qualifications.

	NAME	HOW DO YOU KNOW THIS PERSON	PHONE/EMAIL	YEARS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

READ THE FOLLOWING STATEMENTS BEFORE SIGNING YOUR APPLICATION: I certify that all information given on this employment application, related employment papers and oral interviews is true and correct. I understand that the Districts will make a thorough investigation of my employment history. I understand that misstatements, omission or falsifications so given, or other derogatory information discovered as a result of this investigation may cause any offer of employment to be withdrawn or my employment terminated. I understand that if hired, I will be placed on a 6-month probationary period. I further understand that if in accordance with Florida Statute 443.131 (3)(a)(2), I am terminated for unsatisfactory work performance within 3 months (90 days), the Districts' unemployment account shall not be charged for any unemployment benefits paid to me. I understand that the Districts are subject to the requirements of the Florida Statute 119 and all information provided herein is public record and subject to the requirements of the statute.

Signature _____ Date _____