

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 _____
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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

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB? YES NO

If 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or other derogatory information discovered as a result of this investigation may cause any offer of employment to be withdrawn or my employment terminated.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 _____