

# APPLICATION FOR EMPLOYMENT

## ANASTASIA MOSQUITO CONTROL DISTRICT OF ST. JOHNS COUNTY

*AN EQUAL OPPORTUNITY EMPLOYER*

*500 Old Beach Road, St. Augustine, FL 32080*

*PHONE: (904) 471-3107 · FAX: (904) 471-3189*

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(Application valid for 45 days ONLY)

**Please answer all questions. Resumes may be submitted in addition to this application form.**

**NOTE: This application was designed to be used for various positions.**

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name (Please Print)                      First                      Middle                      Telephone Number

\_\_\_\_\_  
Present Address - Street                      City / State                      Zip Code                      Social Security Number

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Proof of citizenship or immigration status verifying your legal right to work in the U.S. and your identity will be required upon employment.

Have you ever been convicted of a felony? \_\_\_\_ YES \_\_\_\_ NO. If yes, give dates and explain. (Attach a separate piece of paper if necessary.) A conviction will not necessarily disqualify you from employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_ YES \_\_\_\_ NO

**EDUCATIONAL DATA:**

SCHOOL	NAME & ADDRESS OF SCHOOL	YEARS COMPLETED	DIPLOMA OR DEGREE	MAJOR COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER				

Other Skills: List any other specialized skills, training and apprenticeship that supports your application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Extra Curricular Activities and Honors Received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? \_\_\_\_ YES \_\_\_\_ NO. If yes, identify names and relevant dates: \_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

List most recent or present job first. List job-related military service assignments and volunteer activities.

Employer	Dates Employed (From / To)	Work Performed
Street Address	City / State	Zip Code
Job Title	Hourly Rate / Salary (Starting / Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		

Employer	Dates Employed (From / To)	Work Performed
Street Address	City / State	Zip Code
Job Title	Hourly Rate / Salary (Starting / Final)	
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<p>Are you a veteran of the U.S. Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If <b>YES</b>, what branch of service? _____</p> <p>If <b>YES</b>, beginning date and ending date of active duty: From: (Mo./Yr.) _____ To: (Mo./Yr.) _____</p> <p>Date of Discharge from Military Service: _____</p> <p>Are you claiming Veteran's Preference? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you, since October 1, 1987, entered into covered employment by a covered employer after having claimed Veteran's Preference? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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**IN CASE OF EMERGENCY, NOTIFY:**

\_\_\_\_\_  
Name Phone Number Relationship  
\_\_\_\_\_  
Street Address City / State Zip Code

Do you have transportation to work? \_\_\_\_ YES \_\_\_\_ NO

Will you work overtime if asked? \_\_\_\_ YES \_\_\_\_ NO

Are there any hours, shifts or days you will not work? \_\_\_\_ YES \_\_\_\_ NO If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Can you travel if required for the job? \_\_\_\_ YES \_\_\_\_ NO

On what date would you be available to start work? \_\_\_\_\_

Do you have any friends or relatives who work here? \_\_\_\_ YES \_\_\_\_ NO

If YES, please provide their names and their relationship to you.

\_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Name Relationship

Spouse: \_\_\_\_\_  
Last Name (Please Print) First Middle Telephone Number

\_\_\_\_\_  
Present Address - Street City / State Zip Code

Are you currently employed? \_\_\_\_ YES \_\_\_\_ NO Name of Employer: \_\_\_\_\_

May we contact your present employer? \_\_\_\_ YES \_\_\_\_ NO Previous Employers? \_\_\_\_ YES \_\_\_\_ NO

Please identify any exceptions and reasons for not contacting prior employers: \_\_\_\_\_  
\_\_\_\_\_

Are you on a layoff? \_\_\_\_ YES \_\_\_\_ NO

Are you subject to recall? \_\_\_\_ YES \_\_\_\_ NO

**CHARACTER REFERENCES**

**List three persons not related to you, whom you have known at least three years:**

NAME	ADDRESS & PHONE NUMBER	OCCUPATION
1.		
2.		
3.		

List any additional information, special job-related skills and qualifications that may be helpful in considering your application for employment: \_\_\_\_\_  
\_\_\_\_\_

Have you filed an application here before? If YES, give dates: \_\_\_\_\_

Have you ever been employed here before? If YES, give dates: \_\_\_\_\_

NOTICE TO APPLICANTS: We comply with the Americans Disabilities Act of 1990. During the interview process, you will be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you will be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination.

## **APPLICANT'S STATEMENT**

I certify that the foregoing answers are true and correct to the best of my knowledge. I authorize the investigation of all statements contained in this application and hereby give this permission to contact schools, previous employers, references, and others, and hereby release the organization from any liability as a result of such contact. I understand that any false or misleading information or omissions of facts requested in this application or interview may remove me from further consideration for employment. In addition, if employed, any false or misleading or omissions of facts called for in this application may be cause for subsequent dismissal at any time.

I understand if employed my employment with the organization will be "at will" and for no specific term and I may resign or be discharged by the organization at any time. I further understand that no oral promise, organization policy, custom, business practice or other procedure (including the organization's personnel handbook or any personnel manuals) will change the "at-will" employment relationship between the organization and myself.

The contents of any employee handbook or Personnel Manuals, as well as other organization policies or practices, are subject to change or modification by the organization, solely at its discretion, without notice. I also understand that no supervisor or other official of the organization (except an authorized executive, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the above.

This application will remain for forty-five (45) days. Any applicant wishing to be considered for employment beyond forty-five (45) days must re-apply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The organization is an equal opportunity employer and considers application for all positions without regard to race, color, age, sex, religion, national origin, disability or marital status.

Offer of employment is contingent upon satisfactory results of a background check and pre-employment drug screen.