



# City of Lake Helen Employment Application

Volusia County, Florida

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip*

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

	YES	NO		Full	Part
				Time	Time
Are you eligible to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	Employment Desired?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO			
Have you ever worked for this organization?	<input type="checkbox"/>	<input type="checkbox"/>	Hours of work (per week) desired? ____		
If Yes, give date: _____					
	YES	NO	Are you currently on	YES	NO
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	"layoff" status and	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____			subject to recall?		

(Number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, and sentence(s) imposed)

## Education

High School \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES  NO  Degree: \_\_\_\_\_



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## Education Continued:

College \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES  NO  Degree: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

### Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

### Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO



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## Previous Employment Continued:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

### Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Are you currently in the Armed Forces? YES  NO

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



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### List professional, trade, business or civic activities and offices held:

*You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

### Other Qualifications:

*Summarize special job related skills and qualifications acquired from employment or other experience:*

### Additional Information and Special Skills:

*State any additional information you feel may be helpful to us in considering your application or any specialized skills:*

## Disclaimer and Signature

Pursuant to Chapter 119, FL. Statutes and the procedure adopted by the Flagler County Board of County Commissioners, personnel records and job applications shall be open for inspection by any person.

#### AGREEMENTS:

PROBATION PERIOD - It is understood that I shall be considered a probationary employee for no less than six months but no longer than twelve months from date of hire. I may be discharged or laid off before the expiration of that period without recourse, in accordance with Flagler County Policies and Procedures.

#### STATEMENT BY APPLICANT:

- I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employ, together with all employment-related information they may have concerning me.
- I also authorize educational institutions to furnish their records of education-related information they may have concerning me.
- It is agreed that any misrepresentations by me in this application will be sufficient cause for its cancellation of for dismissal from the County's service if I am employed.
- I hereby certify the facts set forth in the above employment application are true and complete to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_