

**LEVY COUNTY BOARD OF
COUNTY COMMISSIONERS
EMPLOYMENT APPLICATION**

Human Resource Office
355 South Court Street Bronson, FL. 32621
Mailing Address: Post Office Box 310

**For: € Planning Commission
€ Board of Adjustments
€ Construction Industry Licensing
Board**

Telephone: 352.486.5219
Fax: 352.486.5167

Instructions: Please print or type. Complete all items. If a question is not applicable, enter "N/A". Do not leave any sections blank. Failure to do so may result in loss of employment opportunities.

PERSONAL INFORMATION			
Last Name	First Name:	Middle:	
Address:		Home Phone:	
City, State, Zip Code		Cell Phone:	
County:	Email Address:		

Relatives Employed By Levy County: Do you have any relatives by blood or marriage including elected officials, working for the Board of County Commissioners or other elected officials in Levy County Government? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the following:			
FULL NAME OF RELATIVE(S)	DEPT. OR OFFICE LOCATION	RELATIONSHIP	
HAVE YOU EVER BEEN EMPLOYEED BY LEVY COUNTY COMMISSIONERS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from _____ to _____ Department: _____ Supervisors Name: _____ Reason For Leaving: _____			
LAW VIOLATION RECORD: Have you ever been convicted, pled nolo contendere, or had the adjudication of guilt withheld in connection with any criminal offense in any civilian or military court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details. Note: A "yes" answer to this question will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying will be considered.			
OFFENSE	DATE	PLACE	DISPOSITION

Do you have a Valid Florida Driver's License? € Yes € No
Are you on the exclusion list for the U.S. Department of Health and Human Services Office of Inspector General? € Yes € No

EDUCATION - TRAINING - SKILLS

Less than HS Tech School 2 Year College Some Grad School MD,DDS,JD Post

Highest Education Level Attained? HS Graduate Doctorate Some College Bachelors Master's GED

Type of School	Name of School and State	Credit Hours Completed	Graduated		Type of Diploma or Degree	Major Field or Study
			Yes	No		
H S or Issuing Equivalent						
Undergraduate College or Universities						
Graduate School						
Technical Vocational or Bus School						

EMPLOYMENT HISTORY

Experience: Beginning with you most recent job, describe your employment history, including related volunteer or other non-paid experience. This information will be used to evaluate your qualifications for this job opening and will determine your eligibility to go on to the next step of the evaluation process. Describe additional related experience on a "Separate sheet and attach to Application."

Dates Employed	Employer	Address	
From / /	Phone (Area Code)	City	State
To / /	Supervisors Name	Supervisors Title	

Your Title

Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities
No. Supervised:	
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving

If present employer, may we contact? Yes No

Dates Employed	Employer	Address	
From / /	Phone (Area Code)	City	State
To / /	Supervisors Name	Supervisors Title	

Your Title

Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities
No. Supervised:	
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving

Dates Employed	Employer	Address	
From / /	Phone (Area Code)	City	State
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Your Title

Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities
No. Supervised:	
<input type="checkbox"/> Resigned	Reason For Leaving

Terminated

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REFERENCES: List 3 references who are NOT relatives:

NAME	COMPLETE ADDRESS (include zip code)	PHONE	OCCUPATION	YRS KNOWN

LICENSES-CERTIFICATIONS-REGISTRATIONS

Please Indicate any Professional/ Occupational Licenses or Registrations/ Certifications you currently hold:

Name of License/Certification/Registration	Number	Issue Date	Expiration Date	State
Issued By:				
Name of License/Certification/Registration				
Issued By:				

DRUG FREE WORKPLACE STATEMENT

Levy County is a drug free workplace, and as such is committed to providing an environment that encourages and supports a healthy, productive workforce and ensures safe working conditions.

PRE –EMPLOYMENT BACKGROUND CHECKS

Satisfactory completion of a pre-employment background check is a condition of employment with Levy County. Applicants selected for hire will be asked to provide specific information and documentation, which will be utilized to conduct a thorough background investigation.

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or the dismissal from employment. I hereby authorize investigation of all statements I have made herein. I authorize that the companies or persons named herein to give any information regarding my past employment, together with any information they may have regarding me, whether or not it is on their record. I hereby release said companies or persons, and Levy County Government from all liability for any damages whatsoever for issuing or obtaining this information. I understand that applications submitted for county employment are public records. In the event I am employed by Levy County, I agree to comply with all its policies, rules, and regulations.

Applicant's Signature: _____ Date: _____

LEVY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER