



**NASSAU COUNTY BOARD OF
COUNTY COMMISSIONERS
OFFICE OF HUMAN RESOURCES**

96135 Nassau Place Yulee, Florida 32097

(904) 491-7332
(904) 321-5797 (FAX)

Date Sent	Department	Date Received

"DRUG-FREE WORKPLACE"

"An Equal Employment Opportunity Employer"

APPLICATION FOR EMPLOYMENT

Please **READ INSTRUCTIONS** before you begin: **PLEASE PRINT** clearly or type all information.

1. This application must be filled out **accurately** and **completely**. If an item does not apply, insert N/A (not applicable).
2. Attach a copy of your Driver's License, transcripts and/or any documents, certificates, commendations and any other information you feel will help in the evaluation. Veterans (peacetime or wartime) must submit a copy of their DD214 for Veterans Preference.
3. **No** name shall remain on an open eligible **list** for more than *six months (except firefighters)*.
4. Applications will be kept on file for no longer than three months. It is the applicant's responsibility to update or reinstate their application in person at the Human Resources department.
5. Nassau County maintains and enforces a drug-free workplace program. As part of this program, applicants for special risk and safety sensitive positions may be required to submit to a drug and/or alcohol screening test. In appropriate circumstances, current employees may also be required to submit to drug and/or alcohol testing.
6. Persons selected for employment must: Pass a pre-employment background check, and/or drug test and/or a physical (by the County's physician) **NOTE:** New employees who resign within the first six months will have the cost of their pre-employment medical exam deducted from their final pay check.

POSITION APPLYING FOR _____ DEPARTMENT _____ TODAYS DATE _____
 \$ _____ PER _____
 LOWEST ACCEPTABLE SALARY _____ DATE YOU CAN START _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
 PRESENT ADDRESS: _____
 STREET _____ CITY _____ STATE _____ ZIP CODE _____
 MAILING ADDRESS: _____
 STREET _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ BUSINESS PHONE: _____ ALTERNATE PHONE: _____

Have you ever **worked** for Nassau County Board of County Commissioners? YES NO
 Where? _____ When? _____

Are you 18 years or older? YES NO Do you have a **Valid** Driver's License? YES NO

List your Driver's License I.D. Number: _____ State Licensed in: _____
 License: Class Types: A B C D Chauffeur's E Operators Endorsement Type: (circle if applicable)
 (T N P H X)

LAW ENFORCEMENT CONVICTIONS: Within the last seven (7) years have you been convicted and/or plead nolo contendere (no contest) and/or plead guilty by Federal, State, Military or other law enforcement authorities, for any violation of any Federal, State, County or Municipal law, Regulation or Ordinance? Failure to list the above may result in later dismissal. Include dates and states. YES NO If yes, give complete information as to the date and place of all convictions and current disposition. _____

Note: A conviction record will not be a barrier to employment unless the conviction is directly related to the position sought.

Have you ever been a defendant in a lawsuit for an intentional tort? YES NO

What was the disposition of that lawsuit? _____

EDUCATION:

School Attended	Circle Highest Grade Completed	Did you Graduate?	Name and Location of School Last Attended			
High School	9 10 11 12 (or GED)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
COLLEGES, BUSINESS or TRADE SCHOOL: Name and Location	Attended From:	To:	Credit Hours Earned	Degree or Certificate Sought	Major or Subjects Taken	Degree or Certificate Received

PROFESSIONAL LICENSES

DATE RECEIVED	DATE EXPIRES	TYPE OF LICENSES	Federal or State Board	License Number

CERTIFICATES (Include information of any additional training, courses completed, achievements, and awards:)

DATE RECEIVED	DATE EXPIRES	TYPE OF CERTIFICATES		

OFFICE SKILLS: (Please check areas in which you are competent)

- Calculator
- Fax machine
- PC
- WordPerfect
- Switchboard
- Typing ___ w.p.m.
- Lotus
- Microsoft Word
- Filing
- Shorthand ___ w.p.m.
- Excel
- PowerPoint
- Photocopying
- Dictaphone
- Internet
- Microsoft Outlook
- Other: (Please List) _____

TRADE SKILLS: (Please check areas in which you are competent)

- Grounds keeping
- Roofing
- Refrigeration/Repair
- Heavy Equipment/Mechanical
- Rough Carpentry
- Masonry
- Electrical Repair Work
- Reading Blueprints
- Bridge Maint.
- Finished Carpentry
- Plumbing
- Asphalt Repair
- Map Reading
- Concrete Repair
- Painting
- Welding
- Automotive/Mechanical
- Drafting/Graphics
- Other Skills: (Please List): _____

EQUIPMENT: (Please check types of equipment you can operate)

- Power Tools (saws, drills, etc)
- Payloader
- Communications (amplifiers, transmitter, radios, telephones, etc.)
- Concrete Saws
- Dump Truck
- Cranes (All)
- Flatbed Truck
- Air Hammer
- Bulldozers
- Grader
- Wood Chipper
- Power Mowers
- Tractors
- Gradall
- Stripping Machine
- Ditching Machines
- Backhoe
- Excavator
- Other Equipment: (Please List): _____

EMPLOYMENT HISTORY

Provide the following information on your past and current employers, starting with the most recent.

EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE#	FROM	TO	
ADDRESS	HOURLY RATE/SALARY		
STARTING JOB TITLE/FINAL JOB TITLE	STARTING		
	\$	PER	
IMMEDIATE SUPERVISOR AND TITLE	HOURLY RATE/SALARY		
REASON FOR LEAVING	FINAL		
	\$	PER	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE#	FROM	TO	
ADDRESS	HOURLY RATE/SALARY		
STARTING JOB TITLE/FINAL JOB TITLE	STARTING		
	\$	PER	
IMMEDIATE SUPERVISOR AND TITLE	HOURLY RATE/SALARY		
REASON FOR LEAVING	FINAL		
	\$	PER	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE#	FROM	TO	
ADDRESS	HOURLY RATE/SALARY		
STARTING JOB TITLE/FINAL JOB TITLE	STARTING		
	\$	PER	
IMMEDIATE SUPERVISOR AND TITLE	HOURLY RATE/SALARY		
REASON FOR LEAVING	FINAL		
	\$	PER	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER

YOU MUST SUBMIT A COPY OF YOUR DD-214 AND OTHER RELEVANT DOCUMENTS CONCERNING ELIGIBILITY FOR VETERANS PREFERENCE. PREFERENCE WILL BE AWARDED ONLY IF YOU SUBMIT WITH YOUR APPLICATION A COPY OF YOUR DD-214, DISCHARGE CERTIFICATE AND/OR PROOF OF RATING THAT IS LESS THAN ONE YEAR OLD OF A SERVICE-CONNECTED DISABILITY.

Check the appropriate block if you are claiming Veteran's preference:

- ___ (1) A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense.
- ___ (2) The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained, or interned in the line of duty by a foreign government or power.
- ___ (3) A veteran of any war who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. Active duty for training while in the Reserves or National Guard is not allowable.
- ___ (4) The unremarried widow or widower of a veteran who died of a service-connected disability.
- ___ (5) A veteran who served in a qualified campaign or expedition for which a campaign medal has been authorized.

_____ (Branch of Service)	_____ (Entry Date)	_____ (Discharge Date)	_____ (Type of Discharge)
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NOTE: Under Florida law, the state and its political subdivisions shall give preference in appointment and employment pursuant to F.S: 295.07, 295.08 and 295.11.

To receive benefits as a wartime veteran, a veteran must have served at least 1 day during one of the following periods of wartime service:

World War II: Dec. 7, 1941 to Dec. 31, 1946	Persian Gulf War: Aug. 2, 1990 to Jan. 2, 1992	
Korean Conflict: June 27, 1950 to Jan. 31, 1955	Operation Iraqi Freedom: Sept. 11, 2001, for at least 180 consecutive days ending on the date thereafter prescribed by presidential Proclamation or by law.	
Vietnam Era: Aug. 5, 1964 to May 7, 1975		

Nassau County employs only U.S. Citizens and lawfully authorized aliens who can provide evidence of their identity and employment eligibility as required by federal law.

Nassau County is an **Equal Employment Opportunity Employer**. The County does not discriminate on the basis of race, color, religion, age, sex, national origin, disability, political affiliation, or marital status.

If you need an accommodation due to a disability in order to participate in the application/selection process, please notify the Human Resources Department in advance.

APPLICATION CERTIFICATION: READ CAREFULLY BEFORE SIGNING: I hereby certify that all of the facts and information listed on this application are to the best of my knowledge true and correct.

Therefore, I agree that any false statement or omission as to material fact will constitute grounds for rejection of my application or dismissal from the employment with the Nassau County Board of Commissioners. I understand that positions with the Board of County Commissioners are "employment at will" positions. I further understand that any time during my employment with the Board I may be required to comply with post offer medical testing as permitted by law to determine whether I am working under the influence of alcohol or a controlled substance.

Date: _____ Signature of Applicant: _____

Voluntary Authorization for Background Investigation: I, _____, hereby *understand and acknowledge* that as an applicant for a position with Nassau County, Florida, I may be subjected to the following background investigations; *criminal, character references, prior employment, education, workers compensation, motor vehicle report, drug test and/or physician examinations.*

I authorize the procurement of a consumer report by Nassau County as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Nassau County to procure consumer reports at any time during my employment period.

I further understand that these investigations are required or allowed under law and will be initiated at the time an offer of employment is made.

I acknowledge that if these background investigations reveal unfavorable results, these findings may result in dismissal or non-hire.

I affix my signature to this document as an indication of agreement and do so without threat, intimidation, and coercion of promise of compensation.

Signed this _____ day of _____, 20_____

Witness: _____

Signature of Applicant: _____

INVESTIGATIVE REPORT DISCLOSURE STATEMENT

By this document, Nassau County discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and, if hired, at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

Signature of Applicant

Signature of Human Resource Representative

Date

