BAY COUNTY EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Applications are accepted only for current vacancies. Certain job vacancies are posted first for current employees who may have an entitlement to the vacant jobs because of a union contract.

INSTRUCTIONS: Type or print in ink. Answer all questions. Do not state, "See resume", on application.

IDENTIFYING DATA

NAME _____ TELEPHONE _____ DATE _____

Last First Middle

ADDRESS _____

No. Street City State Zip Code

POSITION DESIRED _____ DATE YOU CAN START _____

How did you find out about this job vacancy? _____

RECORD OF EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
ELEMENTARY								
HIGH SCHOOL			1	2	3	4		
COLLEGE			1	2	3	4		
			5	6	7	8		
TRADE OR BUSINESS			1	2	3	4		
SCHOOL CERTIFICATIONS								

EXPERIENCE - Begin with your present or last job. Use extra paper, if needed.

DATE	NAME AND LOCATION OF EMPLOYER	TELEPHONE	WAGE OR SALARY	POSITION	REASON FOR LEAVING
FROM:			STARTING:		
TO:			ENDING:		
FROM:			STARTING:		
TO:			ENDING:		
FROM:			STARTING:		
TO:			ENDING:		
FROM:			STARTING:		
TO			ENDING:		

May we contact your current employer? YES ❑ NO ❑

Are you requesting your application be held confidential under the Freedom of Information Act? YES ❑ NO ❑

PERSONAL REFERENCES - Not relatives or former employers. Persons you have known at least one year.

Name	Address	Phone Number

PERSONAL DATA		YES	NO
1. Are you currently working?	1.		
2. Are you prevented from lawfully becoming employed in this county because of VISA or immigrant status?	2.		
3. Are you a veteran of the armed forces?	3.		
4. Have you ever worked for Bay County under another name? If yes, list name _____	4.		
5. Are you 18 years of age or older?	5.		
6. Do you have any relatives, other than a spouse, employed by Bay County? If yes, who? _____	6.		
7. Have you ever been convicted of a felony? ** If yes, list felony _____	7.		
8. Do you have any felony charges pending against you? If yes, list charge _____	8.		
9. Have you ever been fired from a job?	9.		
10. Will you submit to pre-employment drug screening?	10.		

* Felony convictions are not an automatic disqualifying element in the hiring process.

NOTIFICATION IN AN EMERGENCY

Please list the name, address, and telephone number of the person you desire to have notified in case of an accident or an emergency:

CERTIFICATIONS

READ THOROUGHLY BEFORE SIGNING. ASK QUESTIONS FIRST, IF YOU HAVE ANY.

I agree that any action or lawsuit against the employer, arising out of my employment or termination of employment, including, but not limited to, state or federal civil rights statutes, must be filed within 180 days of the event giving rise to the claim or be forever barred. I waive any limitation periods to the contrary.

I certify that the information contained in this application, and future information in support of my application, is correct and understand that falsification of this information is grounds for dismissal. I authorize the references I have provided and my former and/or current employer(s) to give you any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damages, causes of actions, including, but not limited to, slander and libel, that may result from the furnishing of information. In consideration of my employment, I agree to conform to the rules and regulations of the employer and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and my employment relationship is at will. I understand that no manager or representative of the employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that any employment offer is conditional upon the results of the drug-screening test and the post-offer medical examination, if any. I authorize the employer to make a check of my records of driving violations and criminal history, if any. I have read, understand, and agree to the terms contained in the certifications listed herein.

_____	_____	_____
Date	Signature of Applicant	Print Name

AFFIRMATIVE ACTION DATA REQUEST

Information on this form is requested for the sole purpose of evaluating the County's Affirmative Action Program. Information provided will be on a volunteer basis and will not be used when making an employment decision.

Name:_____ Date of Birth:_____ SSN:_____

Position applied for (Job Title): _____

Position Department or Agency: _____

How did you learn of this position (Check One):

- ☐ College, University or Vocational School
- ☐ Newspaper Advertisement
- ☐ Referred by County employee
- ☐ Job Board in Personnel Office/Walk-in
- ☐ Friend, Colleague
- ☐ Referred by County Personnel Staff
- ☐ County job line
- ☐ Job Fair
- ☐ County's Web Page
- ☐ Professional Publication/Web Site
- ☐ Other (Please Specify) _____

ETHNIC DATA (Check One):

1. ☐ White: (Not of Hispanic origin); Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. ☐ Black: (Not of Hispanic origin); Persons having origins in any Black racial groups of Africa.
3. ☐ Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or Origin, regardless of race.
4. ☐ Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. (This includes China, Japan, Korea, the Philippine Islands and Samoa).
5. ☐ American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America whom maintain cultural identification through tribal affiliation or the community recognition.

SEX: ☐ Female ☐ Male

Citizenship: United States_____ Other Country _____