

WORK HISTORY. Begin with your current or most recent employer and provide your complete work history. Attach additional pages as necessary. Applications indicating "See attached resume" will not be considered.

1) Employer _____ Telephone _____
Address _____
Job _____ Title _____
Work Performed _____

Dates Employed From: _____ To: _____ Last Salary: _____
Supervisor _____ Reason for leaving _____

2) Employer _____ Telephone _____
Address _____
Job Title _____
Work Performed _____

Dates Employed From: _____ To: _____ Last Salary: _____
Supervisor _____ Reason for leaving _____

3) Employer _____ Telephone _____
Address _____
Job Title _____
Work Performed _____

Dates Employed From: _____ To: _____ Last Salary: _____
Supervisor _____ Reason for leaving _____

4) Employer _____ Telephone _____
Address _____
Job Title _____
Work Performed _____

Dates Employed From: _____ To: _____ Last Salary: _____
Supervisor _____ Reason for leaving _____

May Holmes County contact the employers listed above in order to verify the information you have provided? Yes No

Skills and Qualifications: (Summarize special skills and qualifications)

EDUCATION

HIGH SCHOOL Name/City/State: _____

Highest Grade Completed _____ Diploma: Yes / No GED or Equivalency: Yes / No

Your name if different than on application: _____

COLLEGE/UNIVERSITY Name/City/State: _____

Dates Attended _____ Hours Earned _____

Date Degree Awarded _____ Degree: AA, AS, BS, MS, PhD

Major Course of Study _____

TECHNICAL/VOCATIONAL SCHOOL Name/City/State: _____

Dates Attended _____ Hours Earned _____

Date Degree Awarded _____ Degree: AA, AS, BS, MS, PhD

Major Course of Study _____

List Any Current Licenses, Registrations or Certifications: _____

License, Registration or Certification Number: _____

Date Received: _____ Date Expires: _____

APPLICANT'S STATEMENT

I certify that all statements made in this application are true. I further acknowledge that if the Holmes County Board of County Commissioners employs me, any misstatements of fact contained in this application or supporting documents may be cause for termination.

(Under Florida's Government-in-the-Sunshine Law, applications for employment with a public agency (such as the Holmes County Board of County Commissioners) are subject to public disclosure.

I authorize the Holmes County Board of County Commissioners to make lawful inquiries regarding my past and present employment and to release from liability all of those supplying information.

Applicant's Signature

Date

PROFESSIONAL REFERENCES: Exclude friends or relatives.

Name	Occupation	Complete Address Number, Street, City, State, Zip	Phone or Cell Number	Years Known
1.				
2.				
3.				

**Exemption from Public Disclosure Florida Statutes Sections
119.071, 493.6122 and 633.35**

Please complete this form only if you are claiming exemption from public disclosure of your home address and personal contact information under these statutes.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

I request that my home address and personal contact information given to the Holmes County Board of Commissioner's Office be held in confidence, pursuant to Sections 119.071(2)(h)1, 119.07(4)(d)1-6, 493.6122 and 633.35, Florida Statutes, because I belong to the following qualifying category: (please check applicable box below):

- Active or former law enforcement personnel, and/or their spouse or child
- Active or former Correctional Office or Probation Officer, and/or their spouse or child
- Active or former Juvenile Probation Officer, Supervisor and Personnel and/or their spouse or child
- Active or former investigative personnel of the Department of Children and Family Services
- Active or former investigative personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect
- Active or former revenue and support enforcement personnel of the Department of Revenue, and/or their spouse or child
- Active Firefighter certified pursuant to FL Stat. 633.35, and/or their spouse or child
- State or County Court Judge, and/or their spouse or child
- Active or former State Attorneys, Assistant State Attorneys, Statewide Prosecutors or Assistant Statewide Prosecutors, and/or their spouse or child
- Active or former United States Attorneys and Assistant State Attorneys, and/or their spouse or child
- Active or former Federal Judges or Magistrates, and/or their spouse or child
- Active or former General Magistrates, Special Magistrates, Judges of Compensation Claims, Administrative Law Judges & Child Support Enforcement Hearing Officers and/or their spouse or child
- Active or former Code Enforcement Officers, and/or their spouse or child
- Active or former Guardian Ad Litem, and/or their spouse or child in accordance with Sec 39.820. F.S.
- Active or former human resource, public relations or employee relations directors, assistant directors, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration or other personnel-related duties, and/or their spouse or child
- Current or former public defenders, assistant public defenders, criminal conflict & civil regional counsel and assistant criminal conflict and civil regional counsel, as well as their spouses and children
- Private Investigator/Recovery Agent holding a current Class C, CC, E, EE license in accordance with Sec. 496.6122. F. S. (A copy of this license must accompany this request)
- Victim of sexual battery, lewd lascivious offense committed upon or in the presence of a person less than 16 years of age, child abuse or victim of any sexual offense. (Must include official verification that an applicable crime has occurred)
- Victim of domestic violence, aggravated stalking, harassment or aggravated battery. (Must include official verification that an applicable crime has occurred)

Signature of Applicant

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Providing the following information is voluntary. We request the information solely for the purpose of Equal Employment Opportunity record keeping, reporting and compliance as specified by Title VII of the Civil Rights Act of 1964 as amended.

If you are voluntarily providing this information, please indicate the following:

Gender: Male Female Date of Birth: _____

Please review these definitions of the race and ethnicity categories:

Hispanic of Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

If you are voluntary providing this information, please indicate the following:

Race (check only one): White (Non-Hispanic)
 Black (Non-Hispanic)
 Hispanic
 Asian or Pacific Islander
 Native American
 Other (Please specify) _____