

l.) Have you now or have you ever illegally used controlled substances or illegal drugs? () Yes () No

If yes, please give dates and explain: _____

m). **WORK HISTORY:** Begin listing with present/last employer and list all employers. If necessary, use blank sheets and attach them to this form:

Company Name:	Telephone Number:
Address:	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor:	Salary Starting: _____ Final: _____
State Job Title and Describe Your Work:	Reason for Leaving
Company Name:	Telephone Number:
Address:	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor:	Salary Starting: _____ Final: _____
State Job Title and Describe Your Work:	Reason for Leaving
Company Name:	Telephone Number:
Address:	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor:	Salary Starting: _____ Final: _____
State Job Title and Describe Your Work:	Reason for Leaving
Company Name:	Telephone Number:
Address:	Employed (State Month and Year) From: _____ To: _____
Name of Supervisor:	Salary Starting: _____ Final: _____
State Job Title and Describe Your Work:	Reason for Leaving

n.) EDUCATION:

SCHOOL	NAME/LOCATION OF SCHOOL	DATE ATTENDED	COURSE OF STUDY	YEARS OR CREDITS COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
COLLEGE						
*HIGH						
ELEMENTARY						
OTHER						

*If not a high school graduate, do you have an equivalency diploma (GED), night school, etc? () Yes () No

Date Received: _____

If you have any additional education experience, or have taken special courses, list these below. Please include: where acquired and the total number of hours involved: _____

o) Do you have a valid Florida Driver's License? If so, please indicate the following. ? () Yes () No

License#: _____ Expiration Date: _____ Type: _____

p) Please list three (3) personal references (not related to you):

	Name	Occupation	Phone	Alternate Phone
1.				
2.				
3.				
4.				

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW:

I certify that I have read and understand the job description for the position indicated on the first page of this application and I can perform the essential functions of this position. I also certify that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law, personnel policy or regulations. I voluntarily give the City of Lake Alfred, or its duly authorized representative the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release all liability of responsibility of all persons, companies, or corporations supplying such information. If made an offer of employment, I agree to submit to a pre-employment physical and drug test as a condition of such employment.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

DRIVING RECORD INFORMATION

Addendum to City of Lake Alfred Employment Application

Position Applying For: _____

Name: _____ Date Application Submitted: _____

The position you are applying for may require a valid Florida driver's license of a particular class, with or without endorsements, and a safe driving record. Failure to state accurate information or falsification of any of the information requested herein may result in disqualification for employment consideration.

Have you had one (1) or more chargeable driving accidents or motor vehicle code violations within the past three (3) years? () Yes () No

If yes, please indicate the following:

<u>Date</u>	<u>Accident/Violation</u>	<u>Charge</u>	<u>City, County, State</u>	<u>Action Taken</u>

I acknowledge that the above information is true, complete and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: _____ DATE: _____