



# Indian River Mosquito Control District

5655 41<sup>st</sup> St., Vero Beach, FL 32967 \* (772) 562-2393 \* irmcd@irmcd.org

## Application for Employment

**PLEASE TYPE OR PRINT IN INK.** It is important that you answer all questions on this application fully and accurately. Failure to do so may delay consideration and could result in loss of employment opportunities. If an item does not apply to you, please write N.A. - not applicable. You may attach a resume, but you must still complete all questions. Note: Falsification of any information may result in rejection of your application or your dismissal if you are hired.

| Name: _____   |                 |  |                                  |  |
|---|-----------------|--|----------------------------------|--|
| Last  | First           | Middle   |                                  |  |
| Address (Years at current address _____ )   |                 |  |                                  | Date of Application  |
| Street  | City            | County   | State                            | Zip Code   |
| Previous Addresses for last five years:   |                 |  |                                  | Phone:   |
| Street  | City            | County   | State                            | Zip Code   |
| Street  | City            | County   | State                            | Zip Code   |
| Position Desired _____  |                 |  | Minimum Salary _____             | Requested Employment<br>Full Time ____<br>Part time ____ Temp ____ |
| Do you have a relative currently working for IRMCD? Yes No<br>Name _____ Relationship _____   |                 |  | Date Available<br>____/____/____ |  |
| Referred by:<br>_____   |                 | We are an E-Verify employer:<br>Every offer of employment is contingent upon the employee completing an employment verification form and showing original documents designated by law to prove identity and right to work. |                                  |  |
| SCHOOLS   | NAME OF SCHOOLS | ADDRESS OF SCHOOLS   | Did you graduate                 | MAJOR COURSE WORK/DEGREE   |
| Grade School  |                 |  |                                  |  |
| High School/(GED)   |                 |  |                                  |  |
| College/University  |                 |  |                                  |  |
| Vocational/Business   |                 |  |                                  |  |
| Other Studies/<br>Special Training  |                 |  |                                  |  |
| In your own words, explain how you qualify for the position(s) applied for. Please be specific.   |                 |  |                                  |  |
| Do you have any outdoor interests/activities? Please list.  |                 |  |                                  |  |
| Give details of any computer skills, special skills, training, or apprenticeship (include skills with machines, tools, and motor equipment. |                 |  |                                  |  |

|   |   |
|---|---|
|   | <b>Veterans Preference</b>  |
| <p>Do you wish to claim Veterans' Preference?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>If you claim Veterans' preference, you must attach required documentation to your application at the time you apply for employment (late submissions will not be accepted). If any preference-eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference eligible applicant is appointed to a position. In order to commence investigation, the applicant must file a written complaint addressed to Division of Veterans' Affairs, PO Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of the hiring decision. If a notice of hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.</p> |

**Experience:** Begin with your present or last job and describe in detail all periods of employment including self-employment. Include military service and part-time employment. Including volunteer work. Account for your time during any intervals of unemployment other than those when you were attending school. Use additional sheet if necessary.

|   |  |
|---|--|
| <p>1. Most recent <span style="float: right;">Phone: (    ) _____</span></p> <p>Name of Employer _____</p> <p>Address of Employer _____</p> <p>Job Title _____</p> <p>Describe Duties, Responsibilities and Accomplishments _____</p> <p>Reason for Leaving _____</p> | <p>From (Mo) _____ Yr. _____</p> <p>To (Mo) _____ Yr. _____</p> <p>Full Time ____ Part time ____</p> <p>Supervisor's Name _____</p> <p>Title _____</p> |
| <p>2. Name of Employer _____ <span style="float: right;">Phone: (    ) _____</span></p> <p>Address of Employer _____</p> <p>Job Title _____</p> <p>Describe Duties, Responsibilities and Accomplishments _____</p> <p>Reason for Leaving _____</p>                    | <p>From (Mo) _____ Yr. _____</p> <p>To (Mo) _____ Yr. _____</p> <p>Full Time ____ Part time ____</p> <p>Supervisor's Name _____</p> <p>Title _____</p> |
| <p>3. Name of Employer _____ <span style="float: right;">Phone: (    ) _____</span></p> <p>Address of Employer _____</p> <p>Job Title _____</p> <p>Describe Duties, Responsibilities and Accomplishments _____</p> <p>Reason for Leaving _____</p>                    | <p>From (Mo) _____ Yr. _____</p> <p>To (Mo) _____ Yr. _____</p> <p>Full Time ____ Part time ____</p> <p>Supervisor's Name _____</p> <p>Title _____</p> |
| <p>4. Name of Employer _____ <span style="float: right;">Phone: (    ) _____</span></p> <p>Address of Employer _____</p> <p>Job Title _____</p> <p>Describe Duties, Responsibilities and Accomplishments _____</p> <p>Reason for Leaving _____</p>                    | <p>From (Mo) _____ Yr. _____</p> <p>To (Mo) _____ Yr. _____</p> <p>Full Time ____ Part time ____</p> <p>Supervisor's Name _____</p> <p>Title _____</p> |

Do you have any objections to the District making an Inquiry of your PRESENT employer regarding your qualifications? Yes \_\_\_\_\_ No \_\_\_\_\_  
NOTE: We may contact your past employers to verify your description of past duties.

Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any job?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain details: \_\_\_\_\_  
\_\_\_\_\_

Give the following information about any professional registration, licensure, or certification you hold:  
Type: \_\_\_\_\_ License No \_\_\_\_\_  
Authorized by: \_\_\_\_\_ Official No. \_\_\_\_\_

Do you possess a valid Florida Driver's License? Yes No

Please list three responsible people (other than relatives and past employers) who have knowledge of your qualifications for employment.

|   | NAME | OCCUPATION | ADDRESS | PHONE NUMBER | YRS. KNOWN |
|---|------|------------|---------|--------------|------------|
| 1 |      |            |         |              |            |
| 2 |      |            |         |              |            |
| 3 |      |            |         |              |            |

Thank you for completing this application and for your interest in employment with us.

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS BEFORE SIGNING YOUR APPLICATION.**

**CERTIFICATION** – I certify that all information given on this employment application, related employment papers and oral interviews is true and correct. I understand that misstatements, omissions, or falsifications so given, or other derogatory information discovered as a result of this investigation may cause any offer of employment to be withdrawn or my employment terminated. I certify that I am legally eligible for employment.

**STATEMENT OF APPLICANT** – I understand that the District will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the District. If requested, I agree to submit to a criminal background investigation, a driver's license check, and screening for illegal substances upon conditional offer of employment.

**INTRODUCTORY PERIOD** – I understand that, if hired, I will be placed on a 180-day introductory/probationary period.

**FLORIDA RETIREMENT SYSTEM** – If hired, I understand that I will be required to make State-mandated contributions to the Florida Retirement System.

**PUBLIC RECORD** – I understand that the District is a public employer and is subject to the State of Florida public records laws and that this application and any accompanying documentation is considered a public record in accordance with Florida Statutes Chapter 119, Public Records, which are open to personal inspection by any person at any time, with the exception of certain specified exempt information.

**AGREEMENT** – I agree that IRMCD shall not be held liable in any respect if my employment is terminated because of the falsity of statements, inaccuracies or omissions made by me in this application, without regard to either my knowledge of the inaccuracy, omissions or falsity or the length of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_