HAMILTON COUNTY, FLORIDA **EMPLOYMENT APPLICATION**

AN EQUAL OPPORTUNITY EMPLOYER / AN AFFIRMATIVE ACTION EMPLOYER

PRINT NAME NOTE: This application must be completed in its entirety and signed if you wish to be considered for employment. Please type or print in ink, Information submitted on the application is subject to verification. A completed application must be submitted to the employing agency for the vacant position in which you wish to be employed. Photocopies are acceptable. APPLICANT INFORMATION First (First Name) (Last Name) (M.I.) (Social Security Number) (Area Code) (Home Telephone) (Area Code) (Business Telephone) MAILING ADDRESS _ (Suncom - State Employees) (Number - Apartment, Street or R.F.D.) (City) (County) (State) (Zip Code) **EDUCATION** NAME / ADDRESS OF HIGH SCHOOL DATE RECEIVED Received: ☐ Diploma ☐ Certificate of Completion ☐ GED ☐ Other_ □ None, highest grade completed _ YOUR NAME, IF DIFFERENT FROM APPLICATION, DATES OF **CREDIT** Major/Minor Did Type Of COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL **ATTENDANCE** HOURS Course of You Degree (Month / Year) **EARNED** Study Graduate? Received NAME **ADDRESS** FROM TO QTR SEM ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No YOUR NAME, IF DIFFERENT FROM APPLICATION _ DATES OF CREDIT BUSINESS, CORRESPONDENCE, TRADE, TECHNICAL, Area Did Type of Diploma **ATTENDANCE** HOURS Of or Certificate You OR VOCATIONAL SCHOOLS (Month / Year) Received **EARNED** Study Graduate? NAME CLASS CLOCK **ADDRESS** FROM ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No JOB TITLES: Indicate the Job Class(es) and position number(s) you wish to apply for:

mples include Florida Drivers', Chauffeurs', cher Certification, RN, LPN, PE, CPA, etc.	License, Registration, or Certification	Date Received	Expiration Date	List other skills you possess and belie relevant to the position you seek.
	Number			
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PERIENCE cribe your work experience in detail, beginning rice (indicate rank) and volunteer work, if applicated, attach additional sheets, using the same	able. Indicate number o	f employees su	se a separate b	lock to describe each position. Include mide an explanation of any gaps in employr
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c. Do you have a disabling or handicapping condition? YES NO d. RACE (Check one only) WHITE (Not Hispanic Origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. BLACK (Not Hispanic Origin) - Persons having origins in any of the black racial groups of Africa. HISPANIC - Persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. ASIAN or PACIFIC ISLANDER - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands, the are includes, for example: Chine, Japan, Korea, the Philippine Islands, and Samoa. AMERICAN INDIAN or ALASKAN NATIVE - Persons having origins in any of the original people of North America, and who maintian cultural identification through tribal affiliation or community recognition. OTHER CERTIFICATION: I am aware that any omissions, falsifications, misstatements, or misrepresentation may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability and fitness for state employers, schools, law enforcement agencies and other individuals and organizations to investigators, personnel staff, and other authorized employees of government for employment purposes. I understand that applications submitted for county	a. SEX								
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employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct complete, and made in good faith. I also understand that as a condition of employment, I will have to be drug tested and pass a physical examination. Signature:									