

# Employment Application

## Lake County Supervisor of Elections

1898 E. Burleigh Blvd.  
P.O. Box 457

Tavares, FL 32778-0457

Phone number: (352) 343-9734 Fax number: (352) 343-3605  
Equal Opportunity Employer and a Drug-Free Workplace

Applicants needing accommodations in accordance with the Americans with Disabilities Act please notify the Supervisor of Elections. Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. All offers of employment are subject to verification of the applicant's identity and employment authorization. It will be necessary to submit such documents as are required by law to verify your identification and employment authorization upon employment.

<b>1. Print Name:</b>	_____	_____	_____
	Last	First	Middle
<b>2. Current Address:</b>	_____		_____
	Number & Street Name		Apartment Number
	_____	_____	_____
	City	County	State
			Zip Code
<b>3. Mailing Address:</b> (If different from above)	_____		_____
	Number & Street Name		Apartment Number
	_____	_____	_____
	City	County	State
			Zip Code
<b>4. Cellular Phone:</b>	_____	<b>Home Phone:</b>	_____
	Area Code and Number		Area Code and Number
<b>5. E-mail Address:</b>	_____		
	E-mail Address		
<b>6. Do you wish to claim Veteran's Preference?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<small>If yes, to be considered for Veteran's Preference complete the attached Application for Veteran's Employment Preference. Provide a copy of your DD214, or other official document(s) from the Division of Veteran's Affairs, and proof of Florida residency along with the completed application. (Please see Veterans' Employment Preference - General Information section for more information.)</small>			
<b>7. Are you at least 18 years or older?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<small>(If no, you may be required to provide authorization to work)</small>			
<b>8. Are you a former Lake County employee? If yes, please provide dates of employment and department.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
_____			
_____			

Name \_\_\_\_\_

**9. Type of Employment Service Sought** (check all that apply):

FULL TIME                       PART TIME                       TEMPORARY

Date available for work/service: \_\_\_\_\_

**10. Education and Training** (include seminars, workshop, conferences and on-the-job training):

*To receive credit for college course work or vocational training, it is necessary that you supply quarter/semester or class hours earned in addition to dates attended. You may be required to submit a diploma, college transcript or list of courses successfully completed.*

Certificate	School/Location/Sponsor	Course of Study	Degree or	
			YES	NO
High School/GED				
Technical/Trade/Vocational School				
College/University				
College/University				
College/University				
Other				

**11. Specific Skills** (list the computer software, equipment or other specialized office equipment with which you have had experience)

Computer Software	Other Equipment (please describe)

**12. Language Skills:** (list any additional languages for which you are fluent, other than English)

\_\_\_\_\_

**13. List any organization(s) to which you are affiliated which are associated with a political organization, political party, or political candidate:**

\_\_\_\_\_

Name \_\_\_\_\_

**YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION.** List your most recent employer first. If currently unemployed, leave present employer section of this application blank. **Include any unpaid work experience as well as military service.** If you held more than one position with the same employer, list each position separately. You must account for **all** periods of time for at least the last ten (10) years. If desired, include a resume or additional pages which will help clarify your work experience. If a resume is attached, be sure that month/year for each employment is reflected on the resume and coincides with the Work History section of this application.

**14. Present Employer:** \_\_\_\_\_  
Business Name

Business Address: \_\_\_\_\_  
City, State & Zip Code

Phone #: \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Per/

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

May we contact employer?  Yes  No

From: \_\_\_\_\_  
Month, Day & Year

To: \_\_\_\_\_  
Month, Day & Year  
 Full Time  Part Time

Number of hours worked per week: \_\_\_\_\_

**15. Past Employer:** \_\_\_\_\_  
Business Name

Business Address: \_\_\_\_\_  
City, State & Zip Code

Phone #: \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Per/

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

From: \_\_\_\_\_  
Month, Day & Year

To: \_\_\_\_\_  
Month, Day & Year  
 Full Time  Part Time

Number of hours worked per week: \_\_\_\_\_

**16. Past Employer:** \_\_\_\_\_  
Business Name

Business Address: \_\_\_\_\_  
City, State & Zip Code

Phone #: \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Per/

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

From: \_\_\_\_\_  
Month, Day & Year

To: \_\_\_\_\_  
Month, Day & Year  
 Full Time  Part Time

Number of hours worked per week: \_\_\_\_\_

<b>OTHER IMPORTANT INFORMATION</b>		
<p>Answer the following questions by circling "Yes" or "No." It is imperative that you answer the following questions accurately and provide detailed information when requested, e.g., dates, types, etc., in Item 25, page 6. <b>Answering yes to any of the following questions will not automatically disqualify an applicant for employment; however, a false answer is a cause for disqualification.</b></p>		
17.	Have you had any traffic violations during the last five (5) years? <b>OR</b> Have you had your license suspended or revoked during the last five (5) years? If yes, explain in Item 25, page 6.	Yes No
18.	Have you ever been convicted, plead guilty or no contest (Nolo Contender), had adjudication withheld, prosecution deferred, been placed on probation, received a suspended sentence or forfeited bail in connection with any criminal violation of law, including criminal traffic offenses? (A conviction record does not necessarily disqualify you from employment. Factors such as age at time of offense, nature of violation and rehabilitation will be considered. Provide all the facts.) If yes, please show all convictions, including driving while intoxicated (DUI) convictions. If yes, explain in Item 25, page 6.	Yes No
19.	Have you been arrested for any matters for which you are currently out on bail or your own recognizance pending trial? If yes, explain in Item 25, page 6.	Yes No
20.	Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrong death)? If yes, explain in Item 25, page 6.	Yes No
21.	Have you ever been terminated, resigned in lieu of termination or corrective action, or asked to resign from any job? If yes, explain in Item 25, page 6.	Yes No
22.	Do you have any relatives, including elected officials, by blood or marriage that are employed by Lake County Government? If yes, indicate in Item 25, page 6 their name(s), Department(s)/Division(s), and relationship.	Yes No
23.	Do you possess a current, valid Florida driver license? If no, explain in Item 25, page 6.	Yes No
24.	Indicate which driver license you possess, by checking the appropriate box: <input type="checkbox"/> E (Regular Operator License) Commercial Driver License (CDL) type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

Name \_\_\_\_\_

**READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW**

I understand that the Lake County Supervisor of Elections is committed to providing equal opportunity in all employment practices, including without limitation, to selection, hiring, promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

The Human Resources staff is authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for employment service, including, but not limited to, military service, education and employment history.

A false answer to any question(s), in this application may be grounds for disqualification from consideration for employment, or for immediate termination if discovered after you begin work. All statements are subject to investigation, including a check of your education, training and experience statements. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application and attached resume, if included, and in any interview are true. I understand that any misstatement, misrepresentation material omission or falsification of facts shall cause forfeiture of all rights to employment service with the Supervisor of Elections. I understand that after a conditional offer of employment service, the following tests may be required as a condition of employment service; drug screen, medical evaluation, background check, driver's license records check, credit report, criminal history check and a physical demonstration of job-related skills.

I hereby release and hold harmless the Supervisor of Elections, and its agents and its affiliates, custodians of record for any school, state and federal agencies, agents, owners, law enforcement agencies, credit reporting agencies, present and/or past employers, their officers and employees that shall provide information to the Supervisor of Elections from any and all liability based on their authorized receipt, disclosure, and use of the foregoing information.

I authorize the Lake County Supervisor of Elections to provide truthful information concerning my employment with it to my future prospective employers and agree to hold it harmless for providing such information.

I understand that the Supervisor of Elections is a Drug Free Workplace and that the Supervisor of Elections may require an applicant or employee, either prior to or at any time during employment, to the extent permitted by law, to submit to a medical examination, including, but not limited to a drug/alcohol screening test, and I hereby consent to take these examinations.

If accepted for employment service I agree to abide by and comply with all rules, regulations, policies and procedures of the Supervisor of Elections. I understand that my employment with the Supervisor of Elections is at-will, that I have the right to terminate my employment at any time with or without cause, and that the Supervisor of Elections has the same right.

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**Date Signed**

**Applicant's Signature - In Ink**

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**Print Name**

25. Indicate item number, if continuation of an answer(s), or additional comment(s).	
Item Number	Answer(s) or Addition Comment(s).