



APPLICATION FOR EMPLOYMENT
FLAGLER COUNTY
SUPERVISOR OF ELECTIONS

We are an equal opportunity employer dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status or veteran status. We aim to hire and promote the best qualified.

Date: Are you 18 Years or Older? Yes No

Your Full Name:
Last, First, Middle

Present Address:
Street, City, State

Permanent Address:
Street, City, State

Phone No: Referred by:

If you are related to anyone who works for this office, state the full name of the staff member, your relation, department and location:

EMPLOYMENT DESIRED

Position: Date you can start: Salary desired:

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Have you ever applied to this office before? Yes No When?

Are there any days, shifts or hours you will not work? Yes No

If yes, explain:

EDUCATION

	NAME AND LOCATION	DEGREE AND DATES ISSUED	SUBJECTS STUDIED	GRADE AVERAGE
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
OTHER, INCLUDING GRADUATE SCHOOL				

PREVIOUS EMPLOYMENT:

List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer. Use additional pages if necessary.

DATE: MM/YYYY	NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	JOB POSITION AND DUTIES	SALARY	REASON FOR LEAVING

Did you work for any of these employers under a different name? Yes No

If yes, which employer(s) and under what name(s)?

Please explain any gaps in your employment history:

Have you received any written reprimands or disciplinary suspensions during any previous employment?

Yes No

If yes, please explain:

Have you ever been discharged or asked to resign? Yes No

If yes, please explain (include by whom, when and for what). Attach separate page if necessary:

REFERENCES:

Give below the names of three persons not related to you, whom you have known at least one year.

NAME **ADDRESS** **BUSINESS** **# OF YEARS ACQUAINTED**

MILITARY RECORD

Were you in the U.S. Armed Forces? Yes No

If yes, what Branch?

Did you receive any training in the U.S. Armed Forces that is relevant to this office?

Employment in this office will require a copy of your DD-214.

BACKGROUND CHECK INFORMATION

Social Security Number:

DRIVING RECORD

Do you have a valid driver's license? Yes No

What class of license do you possess?

List driver's license number and state:

Have you had a suspension or probation of your license within the last five (5) years? Yes No

How many speeding or other moving violations have you received in the last three (3) years?

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional page if necessary).

DATE	LOCATION	DESCRIPTION	RESULT

WITHIN THE PAST SEVEN (7) YEARS

Have you been convicted of, or pled guilty, no contest or nolo contendere to, a crime? Yes No

If yes, give details (date, place, offense(s), disposition, etc.)

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program? Yes No

If yes, give details (date, place, offense(s) charged, disposition, etc.)

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the office to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Flagler County Supervisor of Elections' Office all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Flagler County Supervisor of Elections' Office, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary training period. I further understand that my employment is at the discretion of the Supervisor of Elections and compensation and employment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the Supervisor of Elections or myself. I understand that no supervisor or other representative of the Supervisor of Elections has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of work or my continued employment that I may be requested by the office to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for work, or if I am then working, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Date:

Signature of Applicant

RETURN SIGNED COPY TO THE ELECTIONS OFFICE:

Physical Address: Government Services Building, 1769 E. Moody Blvd., Bldg. 2, Ste. 101

Mailing Address: P.O. Box 901, Bunnell, FL 32110

Email Address: klenhart@flaglerelections.gov • Fax: 386-313-4171