



Citrus County Mosquito Control District
 968 N. Lecanto Hwy
 Lecanto, FL 34461

Employment Application

Applicant Information

Full Name: _____		Date: _____
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address: _____		
<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>		<i>ZIP Code</i>
Phone: _____	E-mail Address: _____	

Position Applied for: _____					
I am seeking a permanent position:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If necessary, for this position I am able to work nights and overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to perform the essential functions of this position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do You Have A Drivers License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Florida Drivers License #	Class: CDL: Y / N Endorsements:				
Expiration Date:					
Have you had any accidents in the past 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Many?		
Have you had any moving violations in the past 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How Many?		

Education

	Yrs. Completed	Field of Study	Graduate/Degree
High School:			
College:			
Business/Technical:			
Other:			

Military Service

Branch Of Military:	From:	To:
Type of Discharge		
Duty/Specialized Training:		

References

Please list two personal references who are not relatives or former supervisors.

Full Name:		Relationship:	
Company:			Phone:
Address:			
Full Name:		Relationship:	
Company:			Phone:
Address:			

Previous Employment

	Dates Employed:	From:	To:
Company:			Phone:
Address:			
Job Title:		Supervisor:	
Duties:			
Reason for Leaving:			
	Dates Employed:	From:	To:
Company:			Phone:
Address:			
Job Title:		Supervisor:	
Duties:			
Reason for Leaving:			
	Dates Employed:	From:	To:
Company:			Phone:
Address:			
Job Title:		Supervisor:	
Duties:			
Reason for Leaving:			

	Dates Employed: From:		To:
Company:			Phone:
Address:			
Job Title:		Supervisor:	
Duties:			
Reason for Leaving:			
Types of computers, electronics or other mechanical equipment you are qualified to operate:			
Professional Licenses, Certifications or Registrations:			
Additional skills you wish to bring to the attention of the employer:			
Emergency Contact Information			
Name:		Relationship:	
Address:		Telephone #:	

Information To Applicant: As part of our procedure for processing your employment application your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination, and/or drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information above:

Signature: _____ Date: _____

Equal Opportunity Employer:

While many employers are required by federal law to have an Affirmative Action Program, all employers are required to Provide equal opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Employer Section: