

EMPLOYMENT APPLICATION

LEE COUNTY GOVERNMENT
 P.O. Box 398 ATT: Human Resources
 Fort Myers, Florida 33902
 (239) 533-2245
<http://www.lee-county.com>

Received:
For Official Use Only:
 QUAL: _____
 DNO: _____
 Experience
 Training
 Other: _____

JOB NUMBER: _____
JOB TITLE: _____

PERSONAL INFORMATION

POSITION TITLE:		EXAM ID#:
NAME: (Last, First, Middle)		
ADDRESS: (Street, City, State, Zip Code)		
HOME PHONE:	ALTERNATE PHONE:	EMAIL ADDRESS:
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State:	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

PREFERRED SALARY:	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
WHAT TYPE OF JOB ARE YOU LOOKING FOR?	
TYPES OF WORK YOU WILL ACCEPT:	
SHIFTS YOU WILL ACCEPT:	
OBJECTIVE:	

EDUCATION

DATES:	SCHOOL NAME:	
LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:

WORK EXPERIENCE

DATES: From: To:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	SALARY:	# OF EMPLOYEES SUPERVISED:
DUTIES:		
REASON FOR LEAVING:		

DATES: From: _____ To: _____			EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			COMPANY URL:	
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOURS PER WEEK:	SALARY:	# OF EMPLOYEES SUPERVISED:		
DUTIES:				
REASON FOR LEAVING:				
DATES: From: _____ To: _____			EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			COMPANY URL:	
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOURS PER WEEK:	SALARY:	# OF EMPLOYEES SUPERVISED:		
DUTIES:				
REASON FOR LEAVING:				
CERTIFICATES AND LICENSES				
SKILLS				
OFFICE SKILLS: Typing: Data Entry:				
OTHER SKILLS:				
LANGUAGE(S): <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write				
ADDITIONAL INFORMATION				
REFERENCES				
REFERENCE TYPE:	NAME:	POSITION:		
ADDRESS: (Street, City, State, Zip Code)				
EMAIL ADDRESS:			PHONE NUMBER:	

REFERENCE TYPE:	NAME:	POSITION:
ADDRESS:(Street, City, State, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	

Agency-Wide Questions

1. Are you legally eligible for employment in the United States?
2. Have you ever worked in any position for the Lee County Board of County Commissioners?
3. If you answered "yes" to question #2 above, please list position, department, start date and end date.
4. Were you a participant in the Lee County Board of County Commissioners 2008 Voluntary Separation Incentive Program (employee buy-out)?
5. Do you have any relatives working for Lee County Board of County Commissioners?
6. If you answered "yes" to question #5 above, please list name(s) and department(s)
7. Have you ever been known or employed under any other names?
8. If you answered "yes" to question #7 above, please list previous name(s). Enter "N/A", if not applicable.
9. Do you claim veteran's preference?

If you are claiming Veterans Preference, an electronic copy of the DD-214, along with supporting documents (if required), must be attached to this application at the time of submission for veterans preference consideration.

10. Failure to provide these document(s) will dismiss my request for Veteran's preference. Information regarding the documents needed for each Veterans Preference qualifying category can be found on our jobs opportunity page under the Veterans, Internships and Job Classifications section.

If you claim veteran's preference, please choose category and provide the support documents at time of application. For eligibility requirements, please visit <http://www.leegov.com/gov/dept/HumanResources/Documents/Veterans%27%20Preference%20-%20Guidelines%202014.pdf>

 - o **Disabled Veteran-** Requires a DD214, military discharge papers, or equivalent certification from the Department of Veteran Affairs listing military status, dates of service, type(s) of discharge.
 - o **Spouse (of disabled or MIA veteran)-** Requires a DD214, certification from Department of Defense or the VA showing total or permanent disability, proof that veteran cannot qualify for employment because of the service-connect disability, evidence of marriage and a statement that spouse is still married to Veteran.
 - 11. o **Unmarried Widow or Widower-** Requires document from the Department of Defense showing the death of service member while on duty or a letter from VA office certifying the service- connected death of veteran and evidence of marriage.
 - o **Veteran of Wars-** Requires a DD214, military discharge papers, or equivalent certification from the Department of Veteran Affairs listing military status, dates of service, type(s) of discharge.
 - o **Mother, Father, Legal Guardian-**Requires document from the Department of Defense showing the death of service member while on duty
 - o **National Guard Member-** Requires a letter from the Commanding Officer stating dates of military service to establish they are currently active.
 - o **Any Honorably Discharged Veteran**
 - o **Not Applicable**

12. Please list all residences for the past 10 years. Complete addresses and dates are required.

13. How did you learn about this position?

Are you retired from the Florida Retirement System (FRS) pension plan or have you taken a distribution from the

14. FRS Investment Plan? If yes, please be aware that individuals re-employed with an FRS-covered employer are not eligible for re-enrollment in either of the FRS retirement plans.

Job Specific Supplemental Questions

***** Please refer to the specific position you are applying for to obtain the "Job Specific Supplemental Questions". You must print and attach it to this application. Failure to attach the supplemental questions will make your application invalid.*****

The following terms were accepted by the applicant upon submitting the online application:

APPLICANT'S CERTIFICATION AND AGREEMENT

Please Read Carefully Before Signing

By clicking on the 'Accept' button below **I UNDERSTAND AND AGREE** that, except as specifically prohibited by state law or County ordinance or regulation, all County policies and procedures do not create any property rights in employment; and that employment may be terminated by either the employee or the County with or without cause.

I CERTIFY that all information given out in this employment application, in related documents and in all interviews is true and correct. I understand that the County may make a thorough investigation of my character, reputation, past employment and other relevant history. I authorize the giving and receiving of any such information requested by the County and hereby relieve and release all former employers and their agents of any liability for any information they may give to the County. I also authorize educational institutions to furnish any records of my education, coursework, and/or degrees granted while attending that institution. I hereby waive any rights or claims I may have whether present fully developed or not against Lee County or its agents or employees arising out of or resulting from the release, authorized or unauthorized, of the following information received pursuant to or in connection with the County's handling, processing, investigation, etc., of my application for employment with the County.

I UNDERSTAND that if hired, I will be placed on a 6-month probationary period. I further understand that if in accordance with the Florida Statute §443.131(3)(a)(2), I am terminated for unsatisfactory work performance within 3 months, the employer's unemployment account shall not be charged for any unemployment benefits paid to me.

I AGREE that if Lee County employs me, a future potential employer may contact the County or its representatives concerning my work record and my work performance at the County. I hereby consent to and authorize persons employed by the County to divulge any and all information they consider relevant to any person representing himself or herself to be an employer or potential employer of mine with respect to my work record and/or performance of my job at Lee County. I understand that all information provided herein is public record and is subject to review upon request.

I AGREE to submit to any appropriate testing, including to determine the presence of alcohol or illegal controlled substances in my body, under whatever policies or procedures Lee County has in effect at the time testing is required.

I AGREE to pre-employment testing if requested and understand that failure to meet any job-related medical and/or health requirements for the positions may prevent employment by the County.

I UNDERSTAND that all employees who do not have a written employment contract with a limited and specified duration are employed at the will of the County and that all offers of employment are contingent upon successful completion of all background investigations; which may include, but are not limited to, employer and non-employer references and, where applicable, pre-employment testing.

I UNDERSTAND that Lee County will not tolerate sexual and any other form of unlawful harassment. I understand that I have the affirmative obligation to report incidents and participate in any investigation as requested. I also understand that unlawful harassment is grounds for disciplinary action up to and including immediate dismissal.

I UNDERSTAND that falsification of any information so given or other information that, either singly or cumulatively, would tend to

negatively impact the hiring decision discovered as a result of any background check or investigation may be grounds for not hiring an applicant or may subject me to immediate dismissal if employed.

EOE/At-Will/Veteran's Preference

I AGREE that if hired by Lee County, upon termination of employment, I shall return all County property.

Signature_____

Date_____

PLEASE NOTE: Attachment of the supplemental questions and Veteran Preference documentation, if applicable, are required. Please ask the receptionist for the appropriate supplemental questions form. Incomplete applications will not be processed.