



**CHILDREN'S SERVICES COUNCIL OF OKEECHOBEE EMPLOYMENT APPLICATION**  
**AN EQUAL OPPORTUNITY EMPLOYER ~ We are committed to a Drug-Free Workplace Program**

*The information contained on this application is sought in good faith. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

*The Council may require pre-employment: substance screening, and criminal background checks for all positions.*

**Position applying for:** \_\_\_\_\_ **Date Available to work** \_\_\_\_\_

<b>GENERAL INFORMATION</b>				
Name (Last)	(First)	(Middle)	Phone Number	
Address	City	State	Zip Code	Alternate Phone #
Email Address				
<p>Are you over the age of 18? ____ Yes ____ No          If no, employment is subject to verification that you are of minimal legal age.</p> <p>Are you legally authorized to work in the U.S.? ____ Yes ____ No</p> <p>Have you ever been convicted of a felony? ____ Yes ____ No (This includes Adjudicated or Adjudication Withheld).          If yes, explain: _____</p> <p>Do you have reliable transportation to get to work? ____ Yes ____ No          Do you have a valid FL Driver's License? ____ Yes ____ No          License No. _____ Expiration Date _____</p> <p>Have you ever held a position of trust (handling money or confidential material)? ____ Yes ____ No</p> <p>Can you perform the duties of the job for which you are applying, with or without reasonable accommodation?          ____ Yes ____ No</p>				

<b>EDUCATION</b>				
SCHOOL	NAME OF SCHOOL	LOCATION	DEGREE/MAJOR	YEAR RECEIVED/ GRADUATED
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TRADE/VOCATION/ BUSINESS/ MILITARY				
<p>List any training, certifications, or skills relevant to the position you are seeking:</p>				

<b>EMPLOYMENT HISTORY</b> (Start with most recent or present employer)				
Employer Name	City	State	Zip	Phone Number
Immediate Supervisor		Title		Phone Number
Your Job Title	Pay Rate		Dates Employed	
Your Job Duties				
Reason for leaving				

May we contact them \_\_\_\_ Yes \_\_\_\_ No

Employer Name	City	State	Zip	Phone Number
Immediate Supervisor		Title		Phone Number
Your Job Title	Pay Rate		Dates Employed	
Your Job Duties				
Reason for leaving				

May we contact them \_\_\_\_ Yes \_\_\_\_ No

Employer Name	City	State	Zip	Phone Number
Immediate Supervisor		Title		Phone Number
Your Job Title	Pay Rate		Dates Employed	
Your Job Duties				
Reason for leaving				

May we contact them \_\_\_\_ Yes \_\_\_\_ No

**WORK REFERENCES** (MUST FURNISH REFERENCES FROM FORMER POSITIONS – DO NOT LIST RELATIVES)

Name	Title	Company	Phone Number
Name	Title	Company	Phone Number
Name	Title	Company	Phone Number

**PERSONAL REFERENCES** (DO NOT LIST RELATIVES)

Name	Relation	Phone Number
Name	Relation	Phone Number

**CERTIFICATION AND ACKNOWLEDGMENT**

*I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.*

*I authorize the Council to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employer(s), and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from liability or damages on account of having furnished such information.*

*I understand that employment with the Children's Services Council is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time. The Council has the right to terminate the employment relationship at any time, with or without cause or advance notice. Upon termination of employment, I understand that the Council may hold my final paycheck until a final accounting is made of any Children's Services Council property in my custody.*

*I hereby acknowledge that I have read and understand each of the above statements.*

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date