

Position Applied for: _____ Applicant Name _____

EMPLOYMENT HISTORY

YOU MUST COMPLETE THIS SECTION. Begin with your most recent experience, starting with your current job. Be sure to include all experience, regardless of dates, which demonstrates that you meet the minimum requirements as shown on the announcement for the position. Attach additional sheets if you need more space to describe duties or list former employers. Describe your duties as completely as possible. Incomplete information may cause a delay in processing your application. If you supervise(d) employees, include the number of employees you supervise(d). If you held more than one position with the same employer, list each separately.

Employer: _____ Dates Employed: From / / To / /
Mo. Day Year Mo. Day Year

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Number of employees you supervised: _____ Telephone # _____ - _____ - _____

Your Job Title: _____ Your Supervisor's Name: _____

Duties Performed: _____

Reason For Leaving: _____

Equipment Used: _____

Employer: _____ Dates Employed: From / / To / /
Mo. Day Year Mo. Day Year

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Number of employees you supervised: _____ Telephone # _____ - _____ - _____

Your Job Title: _____ Your Supervisor's Name: _____

Duties Performed: _____

Reason For Leaving: _____

Equipment Used: _____

Applicant Name _____

Employer: _____ Dates Employed: From ____/____/____ To ____/____/____
Mo. Day Year Mo. Day Year

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Number of employees you supervised: _____ Telephone # _____ - _____ - _____

Your Job Title: _____ Your Supervisor's Name: _____

Duties Performed: _____

Reason For Leaving: _____

Equipment Used: _____

Employer: _____ Dates Employed: From ____/____/____ To ____/____/____
Mo. Day Year Mo. Day Year

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Number of employees you supervised: _____ Telephone # _____ - _____ - _____

Your Job Title: _____ Your Supervisor's Name: _____

Duties Performed: _____

Reason For Leaving: _____

Equipment Used: _____

Position Applied for: _____ Applicant Name _____

Employer: _____ Dates Employed: From / / To / /
Mo. Day Year Mo. Day Year

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Number of employees you supervised: _____ Telephone # _____ - _____ - _____

Your Job Title: _____ Your Supervisor's Name: _____

Duties Performed: _____

Reason For Leaving: _____

Equipment Used: _____

Employer: _____ Dates Employed: From / / To / /
Mo. Day Year Mo. Day Year

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Number of employees you supervised: _____ Telephone # _____ - _____ - _____

Your Job Title: _____ Your Supervisor's Name: _____

Duties Performed: _____

Reason For Leaving: _____

Equipment Used: _____

APPLICANT RELEASE OF EMPLOYMENT INFORMATION**IMPORTANT!! I acknowledge by my signature that I have read and understand the following:**

- Only information contained in this application and related information submitted with this application will be used to evaluate my qualifications. Resumes or information contained on other than Hillsborough County Civil Service Board job application forms are not accepted, used or provided to others.
- Qualification and employment considerations by Hillsborough County are based upon the truthfulness and completeness of the statements in this application. Falsification or omission of information are grounds for disqualification or dismissal. Presenting any false document(s) to gain employment may be cause for ineligibility for hire or immediate dismissal and the filing of criminal charges.
- I authorize Hillsborough County and the Hillsborough County Civil Service Board to investigate the truthfulness of all statements made on this application and to contact my former employers and other listed references or other persons who can verify information.
- I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each person from liability for providing such information. I waive all causes of action that might arise from the foregoing.
- On submission, this application and related information become the property of the Civil Service Board and, according to Florida Statute 119, are matters of public record subject to release to other persons or agencies, upon request.
- My name and my application will be referred to each hiring authority as long as I remain on the certified list of eligibles. I may or may not be interviewed; that decision rests with the hiring authority NOT the Civil Service Office.
- I hereby consent to the use of my social security number for County business. Disclosure of social security numbers are required for employment by Federal law. The Hillsborough County Civil Service Board, and agencies served, collect and use social security numbers to include, but not limited to, the following reasons: Identity verification; background and criminal history checks; drug screening; verification of educational credentials, prior military service and past employment; credit score verification; Hillsborough County government employment status verification; connection with other employment-related databases; I-9 verification; new hire and unemployment reporting; Worker's Comp reporting; payroll processing and reporting; and any other legitimate employment-related purposes.
- If hired by any agency serviced by Hillsborough County Civil Service Board, I must present documentation to substantiate my eligibility for employment and complete an Immigration and Naturalization Service (INS) Form 9 attesting to employability.
- A post-employment offer physical examination and/or drug and alcohol testing may be required as a condition of employment and continued employment.
- I am aware that Hillsborough County employees are placed on a minimum six months initial probationary period, during which time either the employing agency or I can terminate my employment, with or without cause, and with or without notice, at any time.
- I am satisfied with the contents of this application and understand that once I submit my application for this recruitment, I cannot edit it later.

SIGNED: _____ DATED: _____