

Applicant Name: _____

Date completed _____

Position Applied For: _____

(Please print clearly or use a computer to complete)

REFERENCES

List the names and contact information for three persons not related to you, whom you have known at least one year. At least one should be a current or previous employer/supervisor.

Name and Occupation	Address	Phone Numbers (day and evening)

Please summarize any additional information necessary to describe your full qualifications.

THANK YOU for completing this application and for your interest in employment with us. We would like to consider you for the position of _____ & consideration.

Applications must be filled out completely. Resumes may be submitted but do not take the place of any information required. This is a public document. Under Florida law, applications cannot be confidential.

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Putnam County government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for County employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

If I receive an offer of employment, I hereby authorize a representative of the Putnam County Clerk of Courts to complete a criminal background check, a general health exam and a drug screening to confirm my employability. I also authorize my former and current employers to release information concerning my employment.

Date _____