

West Florida Regional Planning Council
Employment Application

Equal Opportunity Employer/Affirmative action Employer
 WFRPC does not tolerate violence in the workplace.



Where to Find Vacancy Information:

- On the Internet: <http://wfrpc.org>

<i>FOR OFFICIAL USE ONLY</i>			

AGENCY AUTHORIZED
SIGNATURE

Date

Title

Status

POSITION APPLIED FOR
Position Title:
Date Available:
Office Location:
Minimum Acceptable Salary:

GENERAL INSTRUCTIONS
<ul style="list-style-type: none"> ▪ Press TAB to move to each field of the form in sequential order. Input fields and table cells will expand to hold additional text as needed. Yes/No questions can be answered by simply clicking the appropriate check box. You can return to any previously completed field by clicking in that field. Job responsibilities are listed in bullet format. Press ENTER to begin a new bullet line of text in that cell. Press TAB to leave that cell and move to the next. Complete this application in its entirety, Print and Save as a Word document on your own computer. ▪ Specify the position for which you are applying. (NOTE: a separate application must be submitted for each vacancy. Photocopies are acceptable.) ▪ Submit your application to the office no later than the close of business on the announced deadline date. ▪ Sign your name in the Certification Section at the end of the application. All information that you submit is subject to verification. ▪ Notify the agency's hiring authority in advance if you require special disability accommodations to participate in the employment process.

• HOW DO WE CONTACT YOU?			
Your Name			
Social Security Number			
Your Mailing Address			
City	County	State	Zip Code
Email address			
Home Phone	Business Phone	Sun Com (State Employee)	

EDUCATION

HIGH SCHOOL:							
YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:							
COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL (TRANSCRIPT MAY BE REQUIRED)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:

JOB RELATED TRAINING OR COURSE WORK (VOCATIONAL, TRADE, GOVERNMENT, BUSINESS, ARMED FORCES, ETC.)								
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

LICENSURE, REGISTRATION, CERTIFICATION: (EXAMPLES: Driver license, AICP, Teacher Certification, Rn, PE, etc.)

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), and job-related volunteer work. Cells will expand to accept multiple lines of information. Indicate number of employees supervised. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as the application. All information in this section must be completed. **Resumes may be attached to provide additional information.**

1. Name of Present or Last Employer:	
Address: City, State, Zip:	Phone No.:
Your Job Title:	Supervisor's Name:
From: (month/day/year): To: (month/day/year):	Hours per Week: Name if Different During Employment:
Duties and Responsibilities:	▪
Reason for Leaving:	

2. Name of Present or Last Employer:	
Address: City, State, Zip:	Phone No.:
Your Job Title:	Supervisor's Name:
From: (month/day/year): To: (month/day/year):	Hours per Week: Name if Different During Employment:
Duties and Responsibilities:	▪
Reason for Leaving:	

3. Name of Present or Last Employer:	
Address: City, State, Zip:	Phone No.:
Your Job Title:	Supervisor's Name:
From: (month/day/year): To: (month/day/year):	Hours per Week: Name if Different During Employment:
Duties and Responsibilities:	▪
Reason for Leaving:	

4. Name of Present or Last Employer:	
Address: City, State, Zip:	Phone No.:
Your Job Title:	Supervisor's Name:
From: (month/day/year): To: (month/day/year):	Hours per Week: Name if Different During Employment:
Duties and Responsibilities:	▪
Reason for Leaving:	

5. Name of Present or Last Employer:	
Address: City, State, Zip:	Phone No.:
Your Job Title:	Supervisor's Name:
From: (month/day/year): To: (month/day/year):	Hours per Week: Name if Different During Employment:

Duties and Responsibilities:	▪
Reason for Leaving:	

6. Name of Present or Last Employer:	
Address: City, State, Zip:	Phone No.:
Your Job Title:	Supervisor's Name:
From: (month/day/year): To: (month/day/year):	Hours per Week: Name if Different During Employment:
Duties and Responsibilities:	▪
Reason for Leaving:	

KNOWLEDGE/SKILLS/ABILITIES (KSAs)

List KSAs you possess and believe are relevant to the position that you seek, such as operating equipment, computer skills, fluency in languages, etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER 119.07, F.S.? YES NO

**Other covered jobs include: correctional probation officers, firefighters, certain judges, assistant and statewide prosecutors, personnel of the Department of Revenue of local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see 119.07, F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

IF "YES", what charges? _____

Where convicted? _____

Date of conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

IF "YES", what charges? _____

Where?: _____

Date of conviction: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

IF "YES", what charges? _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

The state of Florida and WFRPC hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?

YES NO

SELECTIVE SERVICE SYSTEM REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted. IF YOU ARE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION? YES NO

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration, and that 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 Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for 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.**

Signature: _____ Date: _____