

DRIVER'S LICENSE	Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is it a commercial license? <input type="checkbox"/> YES <input type="checkbox"/> NO
Class and Endorsements:		

CITIZENSHIP/AUTHORIZATION TO WORK	The Leon County Research and Development Authority hires only United States citizens and lawfully authorized alien workers. If offered employment, you must provide proof of citizenship or authorization to work in the U.S.
Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, do you possess an I-151, an I-1551, or an I-94 card stamped "Employment Authorized?" <input type="checkbox"/> YES <input type="checkbox"/> NO

VETERANS' PREFERENCE	Check the appropriate block if you are claiming veterans' preference. Documentation substantiating your claim must be furnished at the time of application.
<input type="checkbox"/> 1. As a veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension. <input type="checkbox"/> 2. As the spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power. <input type="checkbox"/> 3. As a veteran of any war who has served on active duty during a wartime era. <input type="checkbox"/> 4. As the unmarried widow or widower of a veteran who died of a service-connected disability.	
Branch of Service _____	Date of Entry _____
Have you ever claimed veteran's preference and entered into covered employment by a covered employer since 10/1/1987? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Name of Employer: _____	

RELATIVES IN LEON COUNTY RESEARCH AND DEVELOPMENT AUTHORITY EMPLOYMENT	To your knowledge, do you have any relatives working for the Leon County Research and Development Authority? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please list name and relationship below.	

EDUCATION AND TRAINING					
LEVEL	INSTITUTION NAME/ADDRESS	MAJOR/MINOR	LEVEL COMPLETED	GRADUATED	DEGREE
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vocational				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other					

LICENSURE/BONDING	
List any professional or occupational licenses, certificates, or registrations which you currently hold.	
Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, on what jobs?

Applicant's Name (please print): _____

WORK RECORD

Work history must be completed on this form. While resumes are requested for this position, resumes and other attachments **will not** be accepted in place of filling out this section. Resumes may provide more specific descriptions of duties and responsibilities.

List all previous employment. Begin with your **PRESENT** or most recent job and describe all periods of employment. Provide complete information for each position. Include volunteer work or hobbies where you gained relevant experience or skills. Use additional copies of the form, if needed.

Job Title _____	Specific Duties
Company _____	
City _____ State: _____ Phone: _____	
Supervisor's Name _____	
Dates Employed (From) _____ (To) _____	
Hours Worked Per Week _____ Salary \$ _____ Per _____	
Reason For Leaving _____	
May we contact the employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Job Title _____	Specific Duties
Company _____	
City _____ State: _____ Phone: _____	
Supervisor's Name _____	
Dates Employed (From) _____ (To) _____	
Hours Worked Per Week _____ Salary \$ _____ Per _____	
Reason For Leaving _____	
May we contact the employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Job Title _____	Specific Duties
Company _____	
City _____ State: _____ Phone: _____	
Supervisor's Name _____	
Dates Employed (From) _____ (To) _____	
Hours Worked Per Week _____ Salary \$ _____ Per _____	
Reason For Leaving _____	
May we contact the employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Job Title _____	Specific Duties
Company _____	
City _____ State: _____ Phone: _____	
Supervisor's Name _____	
Dates Employed (From) _____ (To) _____	
Hours Worked Per Week _____ Salary \$ _____ Per _____	
Reason For Leaving _____	
May we contact the employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Job Title _____	Specific Duties
Company _____	
City _____ State: _____ Phone: _____	
Supervisor's Name _____	
Dates Employed (From) _____ (To) _____	
Hours Worked Per Week _____ Salary \$ _____ Per _____	
Reason For Leaving _____	
May we contact the employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Applicant's Name (please print): _____

OFFICE SKILLS		Please indicate areas of competency (if applicable).	
<input type="checkbox"/> Computer: Word Processing			
<input type="checkbox"/> Computer: Spreadsheets			
<input type="checkbox"/> Computer: Databases			
Please list specific software expertise:			
OTHER SKILL AREAS/ TRAINING		List below any courses, seminars, workshops, conferences, or other training that are especially relevant in preparing you for this position. Please list only relevant courses, but be sure to give complete and meaningful information so your training can be evaluated fairly (course title, length, content, etc.).	
Date	Title	Length	Relevant Content

REFERENCES		Give below the names of three persons not related to you whom you have known at least one year.	
NAME	ADDRESS/BUSINESS/PHONE	YEARS	

SPECIAL ACCOMMODATION REQUESTED TO PARTICIPATE FURTHER IN EMPLOYMENT PROCESS	Please complete the following to notify the Leon County Research and Development Authority in advance if, due to a disability, you require special accommodations to participate further in the employment process.
<input type="checkbox"/> YES , I am requesting accommodation(s) to participate further in the employment application process.	
<input type="checkbox"/> NO , I am not requesting accommodation(s) to participate further in the employment application process.	
If "YES", what type of accommodation(s) do you believe would be effective?	

CERTIFICATION OF APPLICANT	Please read carefully.
<p>I hereby certify that all statements made in this application and any attachments to it are true. I understand that any misstatement, misrepresentation or omission of fact may cause my application not to be considered; or, if I am employed, may cause my immediate dismissal. I authorize the Leon County Research and Development Authority's Board of Governors' Search Committee, its members and its designee to verify information contained in this application and attachments. I further authorize anyone having such information to release it. <u>I understand that a criminal background check and a credit check is a required condition of employment.</u> I further understand that, if I am selected for employment, prior to appointment I will be required to successfully pass a pre-employment drug test. I have no objection to having my record cleared through appropriate law enforcement agencies.</p>	

Signature _____

Date _____

Applicant's Name (please print): _____