



Citrus County Mosquito Control District  
 968 N. Lecanto Hwy  
 Lecanto, FL 34461

**Employment Application**

This application will only be considered active for 60 days from the date signed.  
 To be considered for employment after that date, a new application must be completed.

**\*\*Florida Drug Free Workplace\*\***

**Applicant Information**

Full Name: _____		Date: _____	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address: _____		_____	
<i>Street Address</i>		<i>Apartment/Unit #</i>	
_____		_____	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Phone: _____		E-mail Address: _____	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you will be required to provide authorization to work).			
Position Applied for: _____			
I am seeking a regular position:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If necessary, for this position I am able to work nights, weekends, and overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to perform the essential functions of this position with or without a reasonable accommodation? If you have questions about what essential functions are applicable to the position, please ask the interviewer before you answer this question.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
When are you available to begin employment? _____			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of identity and employment eligibility will be required upon employment).			
IF YOU ARE APPLYING FOR A POSITION WHICH INVOLVES DRIVING, PLEASE COMPLETE THE FOLLOWING QUESTIONS: Do you have a current Valid Driver's License: Yes _____ No _____			
<b>Driver's License – Driving is Required for All Positions</b>			
Florida Driver's License # _____	Class: _____	Endorsements: _____	
Expiration Date: _____	CDL: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain in detail: _____ _____ _____ _____			

(Note: If an offer of employment is made, a copy of the driver's license must be provided and a consent to check Applicant's driving records may be required).

Have you had any accidents in the past 3 years? YES  NO  How Many? \_\_\_\_\_

Have you had any moving violations in the past 3 years? YES  NO  How Many? \_\_\_\_\_

**Education**

	Yrs. Completed	Field of Study	Graduate/Degree
High School:			
College:			
Business/Technical:			
Other:			

**Military Experience and Veteran's Experience**

Have you ever served in any branch of the Armed Forces?  Yes  No

If yes, which branch? \_\_\_\_\_

Date(s) From: \_\_\_\_\_ To: \_\_\_\_\_ Total Time: \_\_\_\_\_

Did you ever receive a dishonorable discharge?  Yes  No

If yes, please explain: \_\_\_\_\_

If you are an honorably discharged veteran, you may be eligible for Veteran's Preference in consideration of your application for employment. Substantiating documentation must be furnished at the time of application.

Do you request a Veteran's Preference?  Yes  No

If yes, please designate the basis for your preference below:

- \_\_\_\_\_ 1. As a Veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 3. As a Veteran who served at least 1 day in active duty during a wartime period or has been awarded a campaign or expeditionary medal or badge, including any armed forces expeditionary medal or the global war on terrorism medal. Active duty for training is not allowable.
- \_\_\_\_\_ 4. As a Veteran who served in active duty at a time other than a time of war. Active duty for training is not allowable for preference eligibility.
- \_\_\_\_\_ 5. As the unremarried spouse of a Veteran who was killed in action or died of a service-connected disability.
- \_\_\_\_\_ 6. As the mother, father or legal guardian of a member of the United States Armed Forces who was killed in action.
- \_\_\_\_\_ 7. As a current member of any reserve component of the United States Armed Forces or of the Florida National Guard.

\_\_\_\_\_ Branch of Service                      \_\_\_\_\_ Date of Entry                      \_\_\_\_\_ Date of Discharge

Have you been employed through Veteran's Preference since October 1, 1987?  Yes  No

If Yes, name of employer: \_\_\_\_\_

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 295.08 may file a complaint with the FLORIDA DEPARTMENT OF VETERANS' AFFAIRS, DIVISION OF BENEFITS AND ASSISTANCE OFFICE (9500 Bay Pines Blvd., Suite 214, Bay Pines, FL 33744 (727) 319-7440), within 60 calendar days from the date of notice of hiring decision.

### References

Please list two personal references who are not relatives or former supervisors.

Full Name:		Relationship:	
Company:			Phone:
Address:			
Full Name:		Relationship:	
Company:			Phone:
Address:			

### Previous Employment

	Dates Employed:	From:	To:
Company:			Phone:
Address:			
Job Title:		Supervisor:	
Duties:			
Reason for Leaving:			

	Dates Employed:	From:	To:
Company:			Phone:
Address:			
Job Title:		Supervisor:	
Duties:			
Reason for Leaving:			

	Dates Employed:	From:	To:
Company:			Phone:
Address:			
Job Title:		Supervisor:	
Duties:			
Reason for Leaving:			

	Dates Employed:	From:	To:
Company:			Phone:
Address:			
Job Title:			Supervisor:
Duties:			
Reason for Leaving:			
<b>Criminal History</b>			
<p>Your answers to these questions will be checked against local, state, and federal records. Failure to answer these questions accurately is sufficient grounds to deny employment or for later dismissal if hired.</p> <p>HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR "NO CONTEST" (NOLO CONTENDERE) TO A CRIME, HAD ADJUDICATION WITHHELD OR PROSECUTION DEFERRED?      <input type="checkbox"/> No      <input type="checkbox"/> Yes</p> <p><u>ARRESTS ARE NOT TO BE DISCLOSED. JUVENILE INFORMATION THAT IS CURRENTLY UNDER SEAL IS NOT TO BE DISCLOSED. OTHER SEALED OR EXPUNGED RECORDS ARE NOT TO BE DISCLOSED SO YOU MAY CHECK NO IF ALL OF THESE APPLY.</u></p> <p>If yes, on the attached page seven (7) please explain number of conviction(s), nature of offense(s) leading to conviction(s) or pleas, how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. NOTE: An affirmative answer will not automatically disqualify you from being considered as a candidate for employment but the information will be considered in relation to the position that you are seeking. All requested information must be completed</p> <p>HAVE YOU EVER BEEN A DEFENDANT IN A CIVIL SUIT FOR AN INTENTIONAL TORT (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death, etc.)?      <input type="checkbox"/> No      <input type="checkbox"/> Yes</p> <p>If yes, provide details, including type of tort, date(s), county and state and disposition(s): _____ _____ _____</p>			
<b>Types of computers, electronics or other mechanical equipment you are qualified to operate:</b>			
<b>Professional Licenses, Certifications or Registrations:</b>			
<p>An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying or any other information you think would be helpful to us in considering you for employment, such as additional work experience, special skills, articles/books published, activities, honors received, etc. (Please omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, genetics, disability or other protected characteristics.)</p> <p>_____ _____</p>			

Are you currently employed?       Yes       No

If so, why do you wish to leave your current employment? \_\_\_\_\_

May we contact your present employer?     Yes       No

Have you ever applied or worked here before? \_\_\_\_ If yes, provide dates: \_\_\_\_\_

List any relatives or friends currently employed here: \_\_\_\_\_

**APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT**  
*(Please read carefully before signing)*

**It is agreed and understood that completion of this application does not mean a job opening exists and does not obligate the Citrus County Mosquito Control District to interview or employ me.**

**I certify that the answers I have provided on this employment application are true, correct and complete.** I understand that any misrepresentations, omissions of facts or incomplete answers in any application or accompanying resume, letter of reference or other document will disqualify me from further consideration for employment. I further understand that, if employed, any discovery by the Citrus County Mosquito Control District of any misrepresentations or omissions of facts in any application or accompanying resume, letter of reference, other document, or verbally will be cause for my dismissal at any time without prior notice. I hereby authorize investigation of all statements contained in this application.

I understand that driving is a condition of my employment and, I agree to immediately notify the Citrus County Mosquito Control District if my driver's license is suspended or revoked.

I understand that if employed it is not for a definite period of time and that either the undersigned or the Citrus County Mosquito Control District may end the employment relationship at any time, without specified notice or reason.

I understand that any considerations for employment is contingent upon reference checking, my successfully passing a pre-employment drug screen (all positions are mandatory drug testing position due to nature of the work) and if applicable, the background investigation process, and verification of my identity and my employment eligibility. I understand the Citrus County Mosquito Control District obtains local, state and federal criminal history information directly from the Florida Department of Law Enforcement (FDLE) and I hereby authorize the Citrus County Mosquito Control District to conduct any FDLE criminal checks, and to conduct any reference checks, a pre-employment drug screen, and other appropriate background investigation. I further agree, as a condition of my application for employment, to submit to any post-offer medical examination if requested, based on the requirements of the position that I may be considered for. If the Citrus County Mosquito Control District uses third parties (which does not include FDLE) to obtain information about me then I understand that separate Fair Credit Reporting Act (FCRA) Disclosures and Authorizations for consumer reports and, as applicable, investigative consumer reports) will be required to be completed at the appropriate time during the application process.

I hereby understand and acknowledge that any employment relationship with the Citrus County Mosquito Control District is of an "At-Will" nature, which means that I may resign at any time, and the Citrus County Mosquito Control District may discharge me at any time, with or without notice, and with or without cause, for any reason or for no reason at all.

In the event of employment, I will comply with all policies and procedures of the Citrus County Mosquito Control District, including by example and not limitation its nondiscrimination and drug free workplace policies. I also understand that the Citrus County Mosquito Control District retains the right to amend, modify, add, or delete any or all policies or procedures as it deems necessary.

I HAVE READ CAREFULLY, HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE CONDITIONS OF ANY EMPLOYMENT THAT MAY BE OFFERED TO ME BY THE CITRUS COUNTY MOSQUITO CONTROL DISTRICT.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

\_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY POLICY**

The District is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, gender, national origin, citizenship, age, genetics, marital status, disability or other classification protected by law. We assure you that your opportunity for employment with the District depends solely on the applicant's qualifications.

**CONFIDENTIAL CRIMINAL CONVICTION DISCLOSURE**  
**[THIS PAGE TO BE REMOVED BY THE DISTRICT AND PLACED IN A SEPARATE CONFIDENTIAL FILE]**

Applicant's Name: \_\_\_\_\_ Position applying for: \_\_\_\_\_

PLEASE READ THIS STATEMENT CAREFULLY: A PAST CRIMINAL CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED AS A CANDIDATE FOR EMPLOYMENT. THE FOLLOWING INFORMATION WILL BE CONSIDERED IN RELATION TO THE POSITION THAT YOU ARE SEEKING: THE NATURE OF THE CRIME(S) FOR WHICH YOU WERE CONVICTED AND THEIR RELATIONSHIP TO THE POSITION FOR WHICH YOU ARE APPLYING, THE, NUMBER OF OFFENSES, THE TIME ELAPSE SINCE THE OCCURRENCE OF THE OFFENSE(S), YOUR AGE AT THE TIME OF THE OFFENSE(S), THE SERIOUSNESS OF THE OFFENSE, ANY INFORMATION YOU PROVIDE REGARDING YOUR REHABILITATION AND/OR GOOD CONDUCT, AND ANY PUBLIC POLICY CONSIDERATIONS OF THE APPLICABLE STATE(S) TO ENCOURAGE EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF A CRIMINAL OFFENSE, AS WELL AS THE COMPANY'S NEED TO COMPLY WITH ANY FEDERAL AND/OR STATE LAW REQUIREMENTS FOR THE OPERATION OF ITS BUSINESS. ALL REQUESTED INFORMATION MUST BE COMPLETED.

ARRESTS ARE NOT TO BE DISCLOSED. JUVENILE INFORMATION THAT IS CURRENTLY UNDER SEAL IS NOT TO BE DISCLOSED. OTHER SEALED OR EXPUNGED RECORDS ARE NOT TO BE DISCLOSED.

Please identify all criminal convictions below (excluding information as explained above). For each conviction provide the date of the offense, details Explain: number of conviction(s):

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Provide any other information you want the Company to consider, such as your rehabilitation and/or good conduct, etc. : **[attach separate page if necessary]**

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Signature of applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**POST EMPLOYMENT INFORMATION FORM**

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_