



CASUAL LABOR APPLICATION
CITRUS COUNTY BOARD OF COUNTY COMMISSIONERS
 HUMAN RESOURCES OFFICE
 3600 W. SOVEREIGN PATH, SUITE 178
 LECANTO, FL 34461 352-527-5370
 JOB LINE: 352-527-5371
 FAX # 352-527-5372
 TTY 352-527-5554
 INTERNET: www.bocc.citrus.fl.us

CITRUS COUNTY is an Equal Opportunity Employer

_____ Position applying for _____ Date of Application _____

_____ Last Name _____ First Name _____ Middle Initial _____

_____ Current Residence- Street No. and Name _____ City _____ State _____ Zip code _____

_____ Mailing Address (if different from above) _____ City _____ State _____ Zip code _____

(____) _____ Home Phone # (____) _____ Business Phone # (____) _____ Alternate Phone #

Have you ever worked for Citrus County Board of County Commissioners? Yes No

If yes, please give: Last Date(s) of employment _____ Most recent employing Dept _____

Do you have any relative(s), either by blood or by marriage who is /are currently employed by Citrus County Board of County Commissioners or an elected official of the County? Yes No

If yes, Please give their names, relationship and position with the County.

Do you possess a current, valid Florida Driver License? Yes No Class: A B C D E

Note: If the County hires you and the position for which you are hired requires the operation of County vehicles or equivalent, you must possess the appropriate Florida Driver license at the time of hire. Your driving record will be checked with the Florida Department of Motor Vehicles.

Have you ever been convicted of, pled nolo contendere, pled guilty or had adjudication of guilt withheld to a crime, which is a felony or a first-degree misdemeanor? Yes No

If yes, what charges? _____

Where? _____ Date _____

Note: A yes answer to these questions will not automatically bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying for are considered.

Did you graduate from high school? Yes No

If yes, give name and location _____ Month/year ____/____
City/state

If no, do you possess a GED? If yes, give month/year ____/____

Circle highest grade completed: 8 9 10 11 12 13 14 15 16 17 18 19 20
High school College Graduate school

Name and location of College or School	Dates Attended	Completed Credits/Yrs	Degree Awarded	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you a U.S citizen? Yes No If no, do you have authorization to work in the US? Yes No

Active professional Licenses/Certificates related to the jobs for which you are applying:

Title	Registration No.	Issuing Agency	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Office Skills: Please check areas in which you are competent:

- Filing Transcription of minutes Typing _____wpm Multi-line telephone
 Spreadsheets/Database Office Equipment (fax, copier) Calculator Word Processing
 Software/Computer Applications: _____

Trade Skills: Please check areas in which you are competent:

- Masonry Automotive/Mechanical Map Preparation Welding
 Grounds Keeping Rough Carpentry Pipefitting Photography
 Finished Carpentry Reading Blueprints Plumbing Drafting/Graphics
 Electrical Repair work Refrigeration/Repair Painting Automotive/Bodywork
 Roofing Asphalt Repair Map Reading Heavy Equipment/Mechanical

Equipment skills: Please check areas in which you are competent:

- Cranes Pay Loaders Power Tools
 Ditching Machines Power Mowers Communications
 Air Hammers Tractors Bulldozers
 Other (please list) _____

Citrus County will make reasonable accommodations during the application and interview process for the known physical or mental limitations of a job applicant with a disability upon request.

Employment Record

List all jobs held in the last TEN years.

Start with your present or most recent position and work back. Be specific - all or part of your rating may depend on the information you provide. If additional space is needed, please use a continuation sheet.

1. Present or most recent job

From _____ To _____ Hours per week _____ Number of employees Supervised _____
_____/_____/_____/_____
Month Year Month/Year Employer _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Job Title _____
Reason for leaving position _____ Specific duties and job tasks performed _____

2. Previous Employer

From _____ To _____ Hours per week _____ Number of employees supervised _____
_____/_____/_____/_____
Month Year Month/Year Employer _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Job Title _____
Reason for leaving position _____ Specific duties and job tasks performed _____

3. Previous Employer

From _____ To _____ Hours per week _____ Number of employees supervised _____
_____/_____/_____/_____
Month Year Month/Year Employer _____
Address _____ City _____ State _____ Zip _____
Telephone # _____ Job Title _____
Reason for leaving position _____ Specific duties and job tasks performed _____

In accordance with Florida State Statute 119.071(5)(2)(b), applicants and employees are requested to provide Social Security numbers. These will be used for background checks, payment of wages, reporting earnings to the Internal Revenue Service, issuance of W-2 forms, filing of workers' compensation claims, health, life, dental and long term disability insurance applications, new hire reporting and submission of contributions to the retirement fund or any other official business purpose that may arise.

IMPORTANT: PERSONS SELECTED FOR EMPLOYMENT MUST:

1. Furnish a paper Social Security Card before receiving payment of wages or salaries.
2. Successfully pass an employment reference check, criminal background check and a physical examination, which will include drug testing.
3. Successfully complete skills and/or practical testing if necessary.
4. Take an oath of allegiance (Loyalty Oath, Florida Statute, Section 876.05).

Your signature below certifies the accuracy of statements and facts as provided by you. Failure to complete the entire application, any misrepresentation, false or incomplete information or omission of facts requested is cause for rejection of the application or dismissal from County employment.

Signature of Applicant

Date

**Upon completion of application, please print and deliver to the
Parks & Recreation Office located at:**

**Citrus County Resource Center, 2804 W. Marc Knighton Ct.,
Room 149, Lecanto, FL.**

Mailed applications must be sent to:

*Citrus County Parks & Recreation Office, 2804 W. Marc Knighton Ct.,
Key 11, Lecanto, FL 34461-8334*

EOE/ADA

This application is not automatically submitted.