



# SUPERVISOR OF ELECTIONS

## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR  FULL TIME  
 PART TIME

DATE OF APPLICATION \_\_\_\_\_ DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

APPROXIMATE SALARY DESIRED \_\_\_\_\_

### PERSONAL INFORMATION

LAST NAME		FIRST		MIDDLE	
STREET ADDRESS			CITY		STATE
ZIP		SOCIAL SECURITY NUMBER		U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHONE		HOURS AVAILABLE FOR WORK		WILL YOU WORK AT ANY BRANCH OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU REGISTERED TO VOTE IN BROWARD COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU WORK ANY DAY OF THE WEEK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO EXPLAIN:					
HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY, NO CONTEST OR NOLO CONTENDERE TO A CRIME <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES GIVE DETAILS:					
HAVE YOU EVER BEEN CHARGED WITH A CRIME AND EITHER BEEN PLACED ON A COURT-ORDERED PROBATION, HAD ADJUDICATION WITHHELD, OR ENTERED A PRE-TRIAL INTERVENTION PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, GIVE DETAILS:					
REFERRAL SOURCE <input type="checkbox"/> WALK-IN <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER			DO YOU HAVE RELATIVES WHO WORK FOR THE SOE? <input type="checkbox"/> NO <input type="checkbox"/> YES		
			NAME: _____ RELATIONSHIP: _____		

### EDUCATION

	NAME AND LOCATION OF SCHOOL	DATES ATTENDED		DEGREE EARNED	MAJOR	GRADE AVERAGE
		FROM:	TO:			
HIGH SCHOOL						
COLLEGE						
OTHER COLLEGE						
MILITARY OR OTHER						

### EMPLOYMENT HISTORY—PRESENT OR LAST POSITION

NAME OF EMPLOYER	TYPE OF BUSINESS	ADDRESS
DATE STARTED	STARTING SALARY	STARTING POSITION
DATE LEFT	PRESENT/ENDING SALARY	POSITION AT TIME OF LEAVING OR CURRENT POSITION
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING CONTEMPLATING CHANGE
IF YOU ARE STILL EMPLOYED, MAY THIS COMPANY BE CONTACTED FOR REFERENCE INQUIRY?		PHONE NUMBER
SPECIFIC RESPONSIBILITIES IN LAST OR MOST IMPORTANT POSITION HELD		

### SECOND LAST POSITION

NAME OF EMPLOYER	TYPE OF BUSINESS	ADDRESS
DATE STARTED	STARTING SALARY	STARTING POSITION
DATE LEFT	ENDING SALARY	POSITION AT TIME OF LEAVING
NAME AND TITLE OF IMMEDIATE SUPERVISOR		PHONE NUMBER
		REASON FOR LEAVING
SPECIFIC RESPONSIBILITIES IN LAST OR MOST IMPORTANT POSITION HELD		

### THIRD LAST POSITION

NAME OF EMPLOYER		TYPE OF BUSINESS	ADDRESS
DATE STARTED	STARTING SALARY		STARTING POSITION
DATE LEFT	ENDING SALARY		POSITION AT TIME OF LEAVING
NAME AND TITLE OF IMMEDIATE SUPERVISOR			PHONE NUMBER REASON FOR LEAVING
SPECIFIC RESPONSIBILITIES IN LAST OR MOST IMPORTANT POSITION HELD			
DID YOU WORK FOR ANY OF THESE EMPLOYERS UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH EMPLOYER(S) AND UNDER WHAT NAME(S)?			
PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY:			
HAVE YOU RECEIVED ANY WRITTEN REPRIMANDS OR DISCIPLINARY SUSPENSIONS DURING ANY PREVIOUS EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			

### DRIVING RECORD

DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HAD YOUR LICENSE OR DRIVING PRIVILEGES REVOKED, SUSPENDED, OR PLACED ON PROBATION? IF YES, PLEASE EXPLAIN:
HOW MANY SPEEDING OR OTHER MOVING VIOLATIONS HAVE YOU RECEIVED IN THE LAST THREE (3) YEARS?

### REFERENCES

NAME	PHONE	ADDRESS	BUSINESS	YEARS KNOWN
1.				
2.				
3.				

### APPOINTMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this appointment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Supervisor of Elections to investigate all statements contained in this application to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Supervisor of Elections all the facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Supervisor of Elections, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered appointment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Supervisor of Elections medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a one (1) year probationary period. I further understand that my appointment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Supervisor of Elections or myself. I understand that no supervisor or other representative of the Supervisor of Elections other than the Supervisor of Elections has any authority to enter into any agreement for appointment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of appointment or my continued appointment, that I may be requested by the Supervisor of Elections to submit to a urinalysis or other drug screen test and that my failure to take such test (s) when requested to do so or unsatisfactory test results will disqualify me from consideration of appointment, or if I am then appointed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

\_\_\_\_\_ Date \_\_\_\_\_ DO NOT WRITE BELOW THIS LINE \_\_\_\_\_ Signature of Applicant

### REMARKS

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_