



Supervisor of Elections

APPLICATION FOR TEMPORARY EMPLOYMENT

POSITION

DATE OF APPLICATION

POSITION APPLIED FOR

DATE AVAILABLE FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	
STREET ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	PHONE NUMBER		

EMERGENCY CONTACT

FULL NAME	ADDRESS
PHONE NUMBER (HOME)	PHONE NUMBER (WORK)

SIGNATURE OF APPLICANT

My signature acknowledges that I understand this temporary position is not a promise nor guarantee of full-time employment.

SIGNATURE

DATE

DO NOT WRITE BELOW

REMARKS

SUPERVISOR OF ELECTIONS - 115 S. ANDREWS AVE., RM. 102 - FT. LAUDERDALE, FL. 33301

OVER

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: _____