

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 EVER BEEN DISCIPLINED FOR MISCONDUCT RELATED TO HONESTY, VIOLENCE, THEFT, HARASSMENT, OR OTHER CONDUCT THAT AFFECTED YOUR ABILITY TO PERFORM IN ANY OF THESE POSITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: | | | |
| HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY OF THESE POSITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: | | | |

DRIVING RECORD

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| IF DRIVING IS AN ESSENTIAL FUNCTION OF THE POSITION, DO YOU POSSESS A VALID FLORIDA STATE-ISSUED DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU EVER HAD YOUR DRIVING PRIVILEGES SUSPENDED, REVOKED, OR PLACED ON PROBATION WITHIN THE PAST SEVEN (7) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: |
| HOW MANY MOVING VIOLATIONS HAVE YOU RECEIVED IN THE LAST SEVEN (7) YEARS? |

REFERENCES

| NAME | PHONE NUMBER | FULL ADDRESS | RELATIONSHIP TO APPLICANT | YEARS KNOWN |
|------|--------------|--------------|---------------------------|-------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

APPOINTMENT APPLICATION CERTIFICATION

I certify that the information provided in this employment application and any accompanying documents is true, complete, and accurate to the best of my knowledge. I understand that any omission, misrepresentation, falsification, or material misstatement may result in the rejection of my application or, if discovered after employment begins, may result in disciplinary action, up to and including termination of employment.

I authorize the Broward County Supervisor of Elections to verify the information contained in this application and to contact my current and former employers (unless otherwise indicated), educational institutions, professional references, licensing authorities, and other appropriate sources for the purpose of evaluating my qualifications for employment. I authorize such persons and organizations to provide information concerning my employment history, qualifications, and professional conduct, and I release them from liability to the extent permitted by law for providing information in good faith.

I understand that, if offered employment, the offer may be contingent upon the successful completion of any pre-employment requirements applicable to the position, including, but not limited to, reference verification, background screening, verification of employment eligibility, driving record review (when job-related), and drug testing, all in accordance with applicable federal and Florida law and the policies of the Broward County Supervisor of Elections.

I understand that any medical examination, medical inquiry, or fitness-for-duty evaluation required as a condition of employment will occur only after a conditional offer of employment has been made and only to the extent permitted by applicable law.

If employed in a position designated as probationary, I understand that I will be required to successfully complete the established probationary period in accordance with the Broward County Supervisor of Elections' policies.

I understand that employment with the Broward County Supervisor of Elections is at will, unless otherwise provided by applicable law or written policy. This means that either the Broward County Supervisor of Elections or I may terminate the employment relationship at any time, with or without notice and with or without cause, subject to applicable law. I further understand that no supervisor, manager, or representative of the Broward County Supervisor of Elections, other than the Supervisor of Elections or an authorized designee acting in writing, has the authority to enter into any agreement for employment for a specified period or to modify the at-will employment relationship.

I understand that the Broward County Supervisor of Elections maintains a drug-free workplace. If I am offered employment for a position subject to pre-employment or lawful workplace drug testing, I may be required to submit to drug or alcohol testing in accordance with applicable law and office policy. I understand that refusal to submit to a required test or a confirmed positive test result, where permitted by law, may result in withdrawal of a conditional offer of employment or disciplinary action, up to and including termination of employment.

By signing below, I acknowledge that I have read, understand, and agree to the foregoing statements.

_____ Date DO NOT WRITE BELOW THIS LINE _____ Signature of Applicant

REMARKS

INTERVIEWED BY:

DATE: