



352-742-7070 · Toll Free: 866-479-8080 · Fax 352-742-7075
 www.mfmrs.com · 28328 County Road 561, Tavares, Florida 32778

Application For Employment

COMPELTE AND RETURN TO ADDRESS ABOVE OR
 VIA EMAIL TO AMYPRINCE@MFMRS.COM

How Do We Contact You

FULL NAME	EMAIL ADDRESS	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
HOME PHONE	MOBILE PHONE		

Education

HIGH SCHOOL:

NAME/ADDRESS OF HIGH SCHOOL	RECEIVED			
	DIPLOMA	NONE	OTHER	
YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:				

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: *(Transcript May Be Required)*

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:

JOB-RELATED TRAINING OR COURSE WORK:: *(Vocational, Trade, Governmental, Business, Armed Forced, Etc.)*

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME IF DIFFERENT WHILE ATTENDING SCHOOL:

License, Registration, Certification

Examples: Drivers License, Teacher Certification, RN, LPN, PE, CPA, Etc.

LICENSE, REGISTRATION OF CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY
--	--------	---------------	-----------------	------------------------

Experience

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on this application. **Resumes are acceptable for the description of duties and responsibilities only.** All other information must be completed.

1

NAME OF CURRENT OR LAST EMPLOYER

SUPERVISOR'S NAME

ADDRESS

PHONE NUMBER

YOUR JOB TITLE

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

FROM (MN/DY/YR)

TO (MN/DY/YR)

HOURS PER WEEK

REASON FOR LEAVING

DUTIES AND RESPONSIBILITIES

2

NAME OF NEXT PREVIOUS EMPLOYER

SUPERVISOR'S NAME

ADDRESS

PHONE NUMBER

YOUR JOB TITLE

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

FROM (MN/DY/YR)

TO (MN/DY/YR)

HOURS PER WEEK

REASON FOR LEAVING

DUTIES AND RESPONSIBILITIES

3

NAME OF NEXT PREVIOUS EMPLOYER

SUPERVISOR'S NAME

ADDRESS

PHONE NUMBER

YOUR JOB TITLE

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

FROM (MN/DY/YR)

TO (MN/DY/YR)

HOURS PER WEEK

REASON FOR LEAVING

DUTIES AND RESPONSIBILITIES

4

NAME OF NEXT PREVIOUS EMPLOYER

SUPERVISOR'S NAME

ADDRESS

PHONE NUMBER

YOUR JOB TITLE

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

FROM (MN/DY/YR)

TO (MN/DY/YR)

HOURS PER WEEK

REASON FOR LEAVING

DUTIES AND RESPONSIBILITIES

Skills

List the skills you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

Do You Smoke?

YES NO

Law Enforcement Background

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07(3)(K)1,F.S.? YES NO

**Other covered jobs include: Correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, and certain investigators in the Department of Children and Families [SEE §119.07(3)(k)1,F.S.].

Background Information

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR? YES NO

If "Yes", what charges

Where convicted

Date of Conviction

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "Yes", what charges

Where

Date

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR 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. They nature, job relatedness, severity, and date of the offense in relation to the position for which you are applying are considered.

Citizenship

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

NOTE: The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the United States.

Certification

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE

DATE