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Union County Board of County Commissioners  
15 Northeast 1<sup>st</sup> Street, Lake Butler, FL 32054 • Phone: 386-496-4241 • Fax: 386-496-4240

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## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
Street and No. City/State Zip Years Months

Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
Street and No. City/State Zip Years Months

Email Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Are you 18 years of age or older? [ ] Yes [ ] No

Have you ever worked for this company before? [ ] Yes [ ] No  
If yes, please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here?  
If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**BOARD MEMBERS:**

RYAN PEREZ, District 1 • CHANNING DOBBS, District 2 • JIMMY TALLMAN, District 3 • MAC JOHNS District 4 • WILLIE CROFT, District 5

Have you ever pled guilty or “no contest” to a crime, been convicted of a crime, had adjudication withheld, or prosecution deferred? [ ] Yes [ ] No

If Yes, please give date and details of each: \_\_\_\_\_

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**PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment.

Present or Past Employer  Address _____  City/State/Zip _____  Telephone _____	From   To	Pay	Position   Supervisor	Reason for leaving
Previous Employer  Address _____  City/State/Zip _____  Telephone _____	From   To	Pay	Position   Supervisor	Reason for leaving
Previous Employer  Address _____  City/State/Zip _____  Telephone _____	From   To	Pay	Position   Supervisor	Reason for leaving

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KELLIE HENDRICKS RHOADES  
Clerk of Courts & Comptroller

RUSSELL WADE  
County Attorney

Previous Employer  Address _____  City/State/Zip _____  Telephone _____	From   To	Pay	Position  Supervisor	Reason for leaving
Previous Employer  Address _____  City/State/Zip _____  Telephone _____	From   To	Pay	Position  Supervisor	Reason for leaving

Have you ever been terminated?  Yes  No If yes, please explain circumstances: \_\_\_\_\_

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Please explain fully any gaps in your employment history: \_\_\_\_\_

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**EDUCATION**

	School Name/Location	Years Completed	Degree	Study or Major
Elementary				
High School				
College/University				
Graduate/Professional				
Trade/Correspondence				
Other				

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**PERSONAL REFERENCES**

(No relatives)

Name	Relationship	Address	Telephone Number

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

**This company is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age, citizenship, marital status, gender identity or expression, sexual orientation, disability, or national origin.**

How did you hear about this job opening?

\_\_\_ Newspaper

\_\_\_ County Website

\_\_\_ Social Media (Facebook, Community Web Page, etc...)

\_\_\_ Word of Mouth

\_\_\_ Other

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**EQUAL OPPORTUNITY EMPLOYER**

**APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 12-month introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will."

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I HEREBY CERTIFY that all of the information that I have provided in this application is true and accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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