SUPERVISOR OF ELECTIONS

Manatee County Michael Bennett 600 301 Bld. W., Suite 108 Bradenton FL 34205 741-3823

EMPLOYMENT APPLICATION

NAME:							
Last		First			Middle Initial		
S	Street		City	S	State	Zip	
Mailing Address, if	different from above:						
DAYTIME PHON	NE #:	HOME PHONE #:					
Are you presently a r	resident of Manatee County? Y	YES NO_	If yes, i	For how long?			
Are you over 18 yrs.	of age? YES NO	SOCIAL S	SECURITY #	:			
Are you a citizen of t	the U.S.? YES NO	If not, do you pos	sess an Alien I	Registration Ca	ard? YES	_ NO	
Have you ever been o	convicted of a felony? YES	NO					
If YES, pleas	se explain:						
Have you ever been l	bonded? YES NO	If YES, for wh	nat position? _				
Have you ever been o	employed by Manatee County	? YES NO_	If Y	ES, when?			
List any relatives or f	friends working for Manatee C	County (Name & Re	lationship): _				
Are you available to List any office/busine	d (per hour): work: Full Time ess/computer equipment & pro	Part Timeograms that you are	Te familiar with:	mporary	-		
	you type?						
Summarize special sl	kills and qualifications acquire	ed from previous en	nployment or e	experience:			
		JCATION / TRAI		_			
School	Name & Address		Yrs. Attended	Graduate d	Major		
High School							
College / University							
Graduate / Professional							
Specialized Training							
Other							

Employment Experience

Please list employment, starting with present (last) position; include Military, Summer, Temporary, and Volunteer experience. If you have a resume, you may attach it for detailed information.

Employer	Telephone	Dates	Employed	Worked Performed	
		FROM	TO		
Address					
Job Title		Hourly Starting	Rate Final		
Supervisor		Starting	1 mai		
Reason for Leaving					
Employer	Telephone	<u>Dates</u> FROM	Employed TO	Worked Performed	
Address					
Job Title		Hourly Starting	Rate Final		
Supervisor					
Reason for Leaving					
Employer	Telephone	Dates FROM	Employed TO	Worked Performed	
Address					
Job Title		Hourly Starting	Rate Final		
Supervisor					
Reason for Leaving					
Employer	Telephone	<u>Dates</u> FROM	Employed TO	Worked Performed	
Address					
Job Title		Hourly Starting	Rate Final		
Supervisor					
Reason for Leaving					
If you need additional space, please continue on a separate sheet of paper					

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Employment is considered probationary for a period of SIX (6) MONTHS. If, at the end of that time (or sooner), it is found that an employee has not adapted to his/her work, employment may be terminated without further reason.

Falsification of this application may be grounds for dismissal.

Schedule and hours of the Office of the Supervisor of Elections may vary as administration and elections mandate.

THIS APPLICATION MUST BE SIGNED TO BE CONSIDERED FOR EMPLOYMENT

To assist the Office of the Supervisor of Elections in assessing my qualifications, I hereby authorize, by my signature below, the Office of the Supervisor of Elections to contact my present and previous employers and/or schools.

I hereby release this agency from any liability or damage which may result f	from furnishing the above requested information.
Applicant Signature	Date