



## Application for Employment

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available To Start: \_\_\_\_\_ SS #: \_\_\_\_\_ Desired Hourly Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

## Previous Employment

Company:					Phone:
Address:					Supervisor:
Job Title:				Starting Salary:\$	Ending Salary:\$
Responsibilities:					
From:		To:		Reason for Leaving:	

YES      NO

May we contact your previous supervisor for a reference?         

Company:					Phone:
Address:					Supervisor:
Job Title:				Starting Salary:\$	Ending Salary:\$
Responsibilities:					
From:		To:		Reason for Leaving:	

YES      NO

May we contact your previous supervisor for a reference?         

Company:					Phone:
Address:					Supervisor:
Job Title:				Starting Salary:\$	Ending Salary:\$
Responsibilities:					
From:		To:		Reason for Leaving:	

YES      NO

May we contact your previous supervisor for a reference?

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## I Know How To Do The Following

### Grounds Management

- |                                |  |   |
|--------------------------------|--|---|
| Zero Turn Mowers               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| String Trimmers                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| Leaf Blowers                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| Power Pruners                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| Stick Edger's                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| Mulching                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| Apply Turf/Shrub Care Products | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |

### Landscaping

- |                       |  |   |
|-----------------------|--|---|
| Plants Trees & Shrubs | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| Operate Machinery     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| Stake & Guy Trees     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| Fine Grade & Rake     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| Prepare Ground        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| Lay Sod               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |

### Trucks & Trailers

- |                                   |  |   |
|-----------------------------------|--|---|
| I can drive a truck/trailer combo | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| I can drive a pick-up truck/Van   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| I can drive a small dump truck    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |
| I can drive a large dump truck    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert |

### Supervisory Skills

- |                             |  |   |
|-----------------------------|--|---|
| I know how to manage people | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 2-4 People <input type="checkbox"/> 4-8 People <input type="checkbox"/> 8+People |
|-----------------------------|--|---|

**Other Pertinent Skills:** (please describe)

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**Equal Employment Advisory Council**  
**Revised Alternative “Suggested Employee Questionnaire”**  
**for Self-Identification of Race/Ethnicity**

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**INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual’s terms and conditions of employment, because of such individual’s race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

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**INVITATION TO SELF-IDENTIFY**

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
  - White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
  - Black or African American:** a person having origins in any of the black racial groups of Africa.
  - Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  - Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  - Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.
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# Department of Economic Opportunity

## Work Opportunity Tax Credit Program

### ELIGIBILITY VERIFICATION FORM

<b>SECTION I - Applicant information</b>	
Name:	Social Security No:
Date of Birth (enter if under age 25):	Hire Date:
<p>I hereby authorize agencies, organizations, or individuals to release the information below to the State of Florida, <b>Department of Economic Opportunity, WOTC Unit, 107 East Madison Street, MSC# G-300 Tallahassee, Florida 32399-4140</b>. I understand that this information will be used solely for the purpose of qualifying my employer for the Work Opportunity Tax Credit and Welfare-to-Work Tax Credit programs.</p>	
Job Applicant Signature: _____ Date: _____	
<b>VOCATIONAL REHABILITATION/VETERANS ADMINISTRATION</b>	
Was referred to employer upon completion (completion date _____) or is still receiving services under an Individualized Written Rehabilitation Plan (IWRP/IPE) as of the hire date. (IWRP/IPE start date _____)      YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>CORRECTIONAL INSTITUTION</b>	
<b>IN THE PAST YEAR</b> (beginning with hire date) has been convicted of a felony or released from jail or prison after a felony conviction. <b>DC Number:</b> ( _____ )	
Conviction and Release Dates      Conviction Date: _____      Release Date: _____ Date Probation Began _____ Probation Expires _____ Adjudication Withheld or Deferred for a felony? Date: ( _____ ) Currently in a Work Release Program?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>SOCIAL SECURITY ADMINISTRATION</b>	
Individual received Supplemental Security Income (Copy of TPQY Printout or Benefit Verification Form)      YES <input type="checkbox"/> NO <input type="checkbox"/> Benefits for any month ending within the 60-day period ending on hire date.	
<b>SECTION II - To be completed and signed by <u>Authorized Agency Official only.</u></b> <i>(Correctional Officers, Correctional Probation Officers, Counselor etc.)</i>	
Under penalty of perjury, I certify that the information provided herein is true and correct to the best of my knowledge. I understand that this information may be subject to verification.	
Name of Agency:	Telephone:
Address:	
Authorized Signature:	Title:
Name (Please print):	Date:

**Privacy Act Statement:** The Internal Revenue Code section 51, as amended and its enacting legislation, Pub. L. 104-188, specify that the state workforce agencies (SWA) are the designated agencies responsible for administering the WOTC certification procedures. The information you provide on this form will be disclosed by your employer to the Florida Department of Economic Opportunity as the SWA. The information will be used to verify information provided as part of the certification process. Provision of this information is voluntary. However, the information is required for your employer to receive the federal tax credit.