



EMPLOYMENT APPLICATION

An Equal Opportunity Employer and a Drug Free Workplace

The Broward MPO does not tolerate violence in the workplace.

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status.

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A. If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title applying for. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the Broward MPO and will not be returned. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

NOTICE OF COLLECTION OF SOCIAL SECURITY NUMBER

In accordance with s. 119.071(5)(a)2 F.S., your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for these purposes.

POSITION APPLIED FOR: _____ DATE: _____

If referred by a current Broward MPO employee, indicate his/her name here:

REFERRED BY: _____ How did you learn about the position for which you are applying?

- Advertisement Friend Walk-In Broward MPO's Website Employment Agency Relative Other

CURRENT PERSONAL DATA

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ CELL PHONE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMPLOYMENT AVAILABILITY

ARE YOU PRESENTLY EMPLOYED? ____ MAY WE CONTACT YOUR EMPLOYER? YES NO

EMPLOYMENT WITH THE BROWARD MPO MAY REQUIRE WORKING WEEKENDS, SHIFTS AND HOLIDAYS. ARE YOU ABLE TO WORK: (Check all that apply)

- FULL-TIME PART-TIME SHIFT WORK EVENINGS WEEKENDS HOLIDAYS TEMPORARY

EARLIEST YOU WOULD BE ABLE TO START: _____ SALARY DESIRED: _____

ARE YOU OVER 18 YEARS OF AGE? YES NO

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE BROWARD MPO? YES NO

IF YES, GIVE NAME AND RELATIONSHIP: _____

HAVE YOU EVER BEEN EMPLOYED BY THE BROWARD MPO? YES NO

IF YES, PLEASE LIST DATES EMPLOYED, POSITION, AND REASON FOR LEAVING: _____

RELIABILITY/CAPABILITY

WOULD YOU BE WILLING AND ABLE TO PERFORM ALL OF THE TASKS REQUIRED BY THE JOB FOR WHICH YOU ARE APPLYING?

YES NO IF NOT, EXPLAIN WHICH TASKS _____

HAVE YOU FILED ANY TYPE OF FRAUDULENT CLAIM AGAINST ANY OF YOUR PRESENT OR PAST EMPLOYERS?

YES NO IF YES, EXPLAIN _____

WILL YOU BE ABLE TO ABIDE BY THE SAFETY RULES? YES NO

HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATING SAFETY RULES OR REGULATIONS? YES NO

HOW MANY DAYS OF WORK (OR SCHOOL) HAVE YOU MISSED IN THE LAST TWO YEARS? _____

WOULD YOU BE WILLING AND ABLE TO REPORT TO WORK ON TIME EVERY DAY ON A REGULAR AND CONSISTENT BASIS?

YES NO IF NO, PLEASE EXPLAIN

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY? YES NO

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE: _____

EDUCATION

	GRADE/HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE SCHOOL
CIRCLE HIGHEST GRADE COMPLETED	9 10 11 12	1 2 3 4	1 2 3 4

	SCHOOL NAME/ADDRESS	ATTENDANCE DATES	DEGREE
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
OTHER/GED			

EMPLOYMENT HISTORY (THIS SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME)

INSTRUCTIONS: BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT FOR THE LAST TEN YEARS AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. USE ADDITIONAL SHEETS IF NECESSARY. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER. INCLUDE ANY JOB-RELATED VOLUNTEER ACTIVITIES AND SELF-EMPLOYMENT.

MAY THE Broward MPO CONTACT YOUR PRESENT EMPLOYER? YES NO

PRESENT/MOST RECENT EMPLOYER NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____
JOB TITLE: _____ SUPERVISOR'S NAME: _____
HIRE DATE: _____ SEPARATION (END) DATE: _____
JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____
REASON FOR LEAVING (Be specific, this area must be completed): _____

EMPLOYER NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____
JOB TITLE: _____ SUPERVISOR'S NAME: _____
HIRE DATE: _____ SEPARATION (END) DATE: _____
JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____
REASON FOR LEAVING (Be specific, this area must be completed): _____

EMPLOYER NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____ TELEPHONE NUMBER: _____
JOB TITLE: _____ SUPERVISOR'S NAME: _____
HIRE DATE: _____ SEPARATION (END) DATE: _____
JOB DUTIES & RESPONSIBILITIES: _____

STARTING SALARY: _____ ENDING SALARY: _____
REASON FOR LEAVING (Be specific, this area must be completed): _____

SUPPLEMENTAL EMPLOYMENT INFORMATION

IF YOU WORKED IN ANY OF YOUR PREVIOUS POSITIONS UNDER ANOTHER NAME, PLEASE GIVE THAT NAME(S) BELOW (FOR REFERENCE CHECKING PURPOSES):

NAME _____ COMPANY _____ NAME _____ COMPANY _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES NO IF YES, PLEASE EXPLAIN (Be specific, this area must be completed): _____

_____ HAVE YOU EVER BEEN DISCIPLINED OR RECEIVED VERBAL OR WRITTEN WARNING FOR ABSENTEESIMS OR TARDINESS?
 YES NO _____ IF YES, PLEASE EXPLAIN (Be specific, this area must be completed): _____

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS, INCLUDING KNOWLEDGE OF SOFTWARE PROGRAMS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB: _____

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE THAT MAY BE HELPFUL IN DOING THIS JOB: _____

LIST ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION IN WHICH YOU ARE A MEMBER: _____

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED, OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATION? YES NO
 IF YES, PROVIDE DETAILS BELOW, INCLUDING FINES, ARRESTS, CONVICTIONS, PROBATION, JAIL OR PRISION SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

A "YES" answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.

DATE	OFFENSE CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

HAVE YOU EVER BEEN REFUSED A SURETY BOND? YES NO WHEN? _____
 HAVE YOU EVER BEEN NAMED IN A CHARGE OF DISCRIMINATION OR A DEFENDANT IN A LAWSUIT? IF SO, PLEASE GIVE DATE, EMPLOYER AND BRIEF STATEMENT OF WHAT THE COMPLAINTS WERE ON A SEPARATE SHEET OF PAPER. (NOTE: THIS WILL NOT AUTOMATICALLY EXCLUDE YOU FROM CONSIDERATION) YES NO

NOTE: A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR EMPLOYMENT. INFORMATION CONCERNING ARRESTS AND CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON ARRESTS AND CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL, OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

DO YOU POSSESS A CURRENT, VALID DRIVER'S LICENSE? YES NO
 IF NO, STATE REASON: _____

DRIVER LICENSE NUMBER: _____ STATE: _____

DRIVER LICENSE TYPE: OPERATOR CDL A _____ B _____ C _____ D _____ E _____

CDL ENDORSEMENTS: _____

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED? YES NO
 IF YES, EXPLAIN: _____

NOTE: If you are hired by the Broward MPO and the position for which you are hired requires the operation of a Broward MPO vehicle or equipment, you must possess the appropriate Florida driver's license at the time of hire. Your driving record will be checked with the Florida Department of Motor Vehicles.

REFERENCES

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS):

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE U.S. MILITARY? YES NO IF YES, BRANCH: _____
 DATES OF ACTIVE DUTY (FROM/TO): _____ RANK: _____
 OCCUPATIONAL SPECIALITY: _____ TYPE OF DISCHARGE: _____

VETERANS' PREFERENCE

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07? YES NO
 IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE BROWARD MPO AND ATTACH COPIES OF SUPPORTING DOCUMENTATION (DD214). THIS FORM MUST BE SUBMITTED WITH THE APPLICATION.

CERTIFICATION

This must be signed. Please read carefully.

I certify that there are no misrepresentations, omissions, or falsifications in the statements and answers on this application and that all the foregoing entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the Broward MPO to verify all information contained herein and I release all past employers and all references from any and all liability for the release of information to the Broward MPO.

I understand that all job offers from the Broward MPO are conditioned on successful completion of an alcohol/drug screen for which I give consent and agree to give a specimen of my blood and/or urine to any medical facility designated by the Broward MPO for this purpose.

I also understand that in accordance with Florida statutes, employment with the Broward MPO is "at-will" and as such, may be terminated without cause and without notice by either party at any time.

I understand that the Broward MPO will not tolerate unlawful discrimination or unlawful harassment and that employees have an affirmative duty to report such incidents and that such conduct is grounds for termination of employment.

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I **understand** should the investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from present processing or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, **regardless of when this information becomes known to the Broward MPO** it will be just cause for immediate dismissal from employment with the Broward MPO. This consent shall continue to be effective during my employment if I am hired.

SIGNATURE

DATE

HAVE YOU READ ALL INSTRUCTIONS ON THE APPLICATION AND ANSWERED ALL QUESTIONS? If so, Please Initial Here: _____