



Sarasota/Manatee
Metropolitan Planning Organization

EMPLOYMENT APPLICATION

8100 15th Street East, Sarasota, FL 34243-3248
941-359-5772

www.mympo.org

AN EQUAL OPPORTUNITY EMPLOYER

NOTE: THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED if you wish to be considered for employment with the Sarasota/Manatee MPO. Applications will be considered only for advertised positions of the MPO. Please notify the hiring authority in advance if you require special accommodation because of a disability to participate in the application/selection process. Information submitted on the application is subject to verification. Your application will remain active for six (6) months. **Please type or print in ink.**

APPLICANT INFORMATION

Last Name:	First Name:First Name:	Initial:	Social Security Number:
Present Address (Number & Street)	City:	State:	Zip Code:
Home Telephone Number: ()	Hours to Call:	Alternate Telephone Number: ()	Hours to Call:
Position Applying for:	Date Available:		

EDUCATION

HIGH SCHOOL: (Name & location of last high school attended):	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate of completion <input type="checkbox"/> Other _____ <input type="checkbox"/> None, highest grade completed _____	Date Received:
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Your name while attending school if different from application:

NAME OF COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	CITY AND STATE LOCATED	MAJOR	TYPE OF DEGREE OBTAINED	DATE DEGREE RECEIVED

Your name while attending school if different from application:

NAME OF VOCATIONAL, BUSINESS, TRADE ARMED FORCES AND OTHER SPECIAL TRAINING SCHOOL	CITY AND STATE LOCATED	MAJOR	CERTIFICATE EARNED	DATE CERTIFICATE RECEIVED

Your name while attending school if different from application:

APPLICANT IS RESPONSIBLE FOR FURNISHING DIPLOMA, TRANSCRIPTS, CERTIFICATES, ETC. IF REQUESTED.

PROFESSIONAL LICENSES, CERTIFICATIONS

Type of License or Certificate	Issuing Authority	License/Certificate#	Date Received	Date Expires

**Please list any related Volunteer/Auxiliary experience:*

DRIVER'S LICENSE

NOTE: DRIVING RECORDS ARE SUBJECT TO ANNUAL REVIEW BY THE SARASOTA/MANATEE MPO

- 1 . Do you have a **valid Florida driver's license**? no yes If yes, license# _____
- 2 . Do you have a commercial driver's license? no yes If yes, license and class# _____
- 3 . Do you gave a valid driver's license from another state? no yes If yes, license# _____
- 4 . Have you had a traffic violation in the last three years? no yes If yes, please explain: _____
- 5 . Have your driver's license ever been suspended or revoked? no yes If yes, for what reason(s)?: _____

SKILLS

Please list any additional skills, qualifications, abilities or education that you would like us to consider as part of your application, such as typing speed, shorthand speed, computer skills, software packages with which you are proficient, etc.:

EXPERIENCE

COMPLETE INFORMATION REGARDING PRESENT AND PREVIOUS EMPLOYMENT IS REQUIRED, INCLUDING SPECIFIC DATES OF EMPLOYMENT AND PHONE NUMBERS FOR ALL EMPLOYERS. ALL INFORMATION IS SUBJECT TO PRE-EMPLOYMENT VERIFICATION. PLEASE DESCRIBE YOUR WORK EXPERIENCE IN DETAIL, BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB. INCLUDE SELF EMPLOYMENT, SUMMER EMPLOYMENT, VOLUNTEER WORK, AND U.S. MILITARY EXPERIENCE. FOR ANY UNEMPLOYMENT PERIOD, PROVIDE DATES AND LOCATIONS. RESUMES ARE ACCEPTABLE FOR DESCRIPTION OF JOB, HOWEVER, YOU ARE REQUIRED TO COMPLETE ALL OTHER INFORMATION IN THIS SECTION.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

1 Employer:		Job Title:			
Address:		Reason for Leaving:			
City:		State:		Zip:	
Phone: ()	From: Month/Year	To: Month/Year	Annual Salary	Hours/Week	Were You a Supervisor?

Describe your job: _____

Your name while employed if different from application:

EXPERIENCE

COMPLETE INFORMATION REGARDING PRESENT AND PREVIOUS EMPLOYMENT IS REQUIRED. RESUMES ARE ACCEPTABLE FOR DESCRIPTION OF DUTIES, HOWEVER, YOU ARE REQUIRED TO COMPLETE ALL INFORMATION IN THIS SECTION. ATTACH ADDITIONAL SHEETS AS NECESSARY

2 Employer:		Job Title:			
Address:		Reason for Leaving:			
City:		State:		Zip:	
Phone: ()	From: Month/Year	To: Month/Year	Annual Salary	Hours/Week	Were You a Supervisor?
Describe your job: _____					
<i>Your name while employed if different from application:</i>					

3 Employer:		Job Title:			
Address:		Reason for Leaving:			
City:		State:		Zip:	
Phone: ()	From: Month/Year	To: Month/Year	Annual Salary	Hours/Week	Were You a Supervisor?
Describe your job: _____					
<i>Your name while employed if different from application:</i>					

4 Employer:		Job Title:			
Address:		Reason for Leaving:			
City:		State:		Zip:	
Phone: ()	From: Month/Year	To: Month/Year	Annual Salary	Hours/Week	Were You a Supervisor?
Describe your job: _____					
<i>Your name while employed if different from application:</i>					

5 Employer:		Job Title:			
Address:		Reason for Leaving:			
City:		State:		Zip:	
Phone: ()	From: Month/Year	To: Month/Year	Annual Salary	Hours/Week	Were You a Supervisor?
Describe your job: _____					
<i>Your name while employed if different from application:</i>					

BACKGROUND INFORMATION
NOTE: ALL QUESTIONS MUST BE ANSWERED

1 *Have you ever been charged or convicted of any criminal offenses? Yes No
If yes, what were the charges? (Including misdemeanor, felony, etc.) _____

Date: _____ Sentence: _____

2 *Have you ever been a defendant in a civil action for intentional tort? Yes No
If yes, type of tort (assault, etc.): _____

Date: _____ Disposition: _____

***Note: A yes answer to the above question will not necessarily bar you from employment. The nature, severity and date of the offense(s) will be considered in relation to the position(s) for which you are applying. Attach additional sheets as necessary.**

3 Have you ever been employed by any of the following governmental entities: Manatee County, Sarasota County, City of Sarasota, City of Bradenton, City of Venice, City of Palmetto, City of North Port, City of Anna Maria, Holmes Beach, and Bradenton Beach, Town of Longboat Key, Sarasota-Manatee Airport Authority or Florida Department of Transportation?

Yes No

If yes, provide the following information:

Department: _____ Dates of Employment: _____ Reason for leaving: _____

4 Name(s) of any relative currently employed by any of the above listed governmental entities:

Name: _____ Relationship: _____ Entity: _____

Name: _____ Relationship: _____ Entity: _____

5 Are you 18 years of age or older? Yes No

6 Have you ever worked under a different name? Yes No If yes, list name(s): _____

7 If you are not a citizen, do you have the legal right to work in the United States? Yes No

Alien Registration #: _____

All applicants will be subject to Electronic Verification of their citizen status pursuant Florida Governor Executive Order #11-02 issued in 2011

VETERANS' PREFERENCE

Preference in appointment to certain positions is extended to eligible veterans and spouses of veterans. Check the appropriate box if you are claiming veteran's preference. A DD 214 (Certificate of Release or Discharge from Active Duty) and/or other **documentation must be furnished at the time of application.**

- A disabled veteran who is eligible for or receiving compensation under public laws administered by the U.S. Veterans' Administration and the Department of Defense; or
- The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power; or
- A veteran of any war who has served on active duty for one day or more and was honorably discharged from the U.S. Armed Forces if any part of such active duty was performed during the wartime era.
- The unmarried widow or widower of a veteran who died of a service connected disability.

Have you ever been employed by the State of Florida or any of its political jurisdictions (i.e., State, County or City Government, or school board)?

Yes No

If yes, provide name of employer and date of initial employment: _____

If you feel that you are not afforded preference in consideration for appointment to certain positions at the Sarasota/Manatee MPO, you have the right to request an investigation. To exercise this right you must file a written complaint with the Florida division of Veterans' Affairs, PO Box 1437, St. Petersburg, FL 33731. Such complaint must be filed within 21 calendar days from the date you receive written notice of the hiring decision.

IMPORTANT INFORMATION

- Florida Statute 119.07 designates this application as a public document available for review by anyone requesting access.
- Your application will not be considered unless complete answers are provided to all questions on this application.
- All candidates accepted for employment must successfully pass a drug/alcohol test.
- Successful completion of a pre-employment physical, verification of education, employment and criminal background, to determine job related eligibility may be required for certain candidates accepted for employment.
- All candidates accepted for employment must be in possession of an official Social Security Card.
- Employment is considered probationary for TWELVE (12) MONTHS. During this time, the employee may be terminated with or without cause.
- **A false answer to any question or omission of fact in this application may be grounds for not employing you, or for dismissing you if employed and may result in criminal prosecution.**

THIS APPLICATION MUST BE SIGNED TO BE CONSIDERED FOR EMPLOYMENT

To assist the Sarasota/Manatee MPO in assessing my qualifications for the position(s) for which I am applying, I hereby authorize, by signature, the MPO to seek out information regarding my present and previous employment and school records and to conduct any other type of background investigation as required. I hereby attest and certify that all information provided in this application is true and correct, and I release and hold harmless the Sarasota/Manatee MPO and its employees from any liability or damage which may result from furnishing the information requested in this application or information disclosed in verification process.

Applicant Signature

Date Signed