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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | Primary Contact Number | | | |  | | | Secondary Contact Number | | | | | | |  | | | | Date | | *Click* | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| List any additional names that you have used which will permit us to check your work record. | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Position applied for | | |  | | | | Date available to start work | | | | |  | | | | | | Salary expectation | | | | |  | | | | |
| Have you ever applied for a position with Ibis in any capacity? | | | | | | | | Y/N | | | If yes, please provide dates & position | | | | | | | |  | | | | | | | | |
| If hired, can you provide documentation that you are legally authorized to work in the U.S.? | | | | | | | | | | | | | | Y/N | | | Are you at least 18 years of age? | | | | | | | | | | Y/N |
| Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? | | | | | | | | | | | | | | | | | | | | | | Y/N | | | If no, explain: | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a valid Driver’s License? | | | | | Y/N | | Do you have any relatives that live in Ibis? | | | | | | | | | Y/N | | | | | | | | | | | |
| How did you learn of this position? | | | |  | | | | | Please list any friends or relatives employed by Ibis | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Employment History

First list all current employment, followed by all previous employment

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name and address | | From  Mo/Yr | To  Mo/Yr | | | Position | | | | Supervisor name | | | Start Salary | End Salary | | Reason for leaving | |
|  | | *Click* | *Click* | | |  | | | |  | | |  |  | |  | |
|  | | *Click* | *Click* | | |  | | | |  | | |  |  | |  | |
|  | | *Click* | *Click* | | |  | | | |  | | |  |  | |  | |
|  | | *Click* | *Click* | | |  | | | |  | | |  |  | |  | |
| Please explain any gaps in employment; From | | | | | *Click* | | to | *Click* | | | Reason |  | | | | | |
| Please explain any gaps in employment; From | | | | | *Click* | | to | *Click* | | | Reason |  | | | | | |
| May we contact your current employer? | | | | Y/N | | | Have you ever been terminated from employment? | | | | | | | | Y/N | | |
| If yes, explain |  | | | | | | | | | | | | | | | | |
| Have you ever plead guilty, no contest, or been convicted of any misdemeanor or felony crime? | | | | | | | | | | | | | | | | | Y/N |
| Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional duress, intentional wrongful death) | | | | | | | | | | | | | | | | | Y/N |
| If you answered yes to either of the above, provide dates and details: | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

Note; Answering Yes to either of the above two questions does not constitute an automatic bar to employment.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List any post-secondary education, to include degrees or certifications: | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Are you CPR/AED certified? | Y/N | | | Are you a licensed EMT? | | | | Y/N | | | If yes, licensed in what state? | | |  | | Are you available for shift work? | | | | | | Y/N |
| Do you currently possess a valid Florida class D license? | | | | | | Y/N | | | | | | Do you currently possess a valid Florida class G license? | | | | | | Y/N | | | | |
| If yes, list all firearms types you are qualified with. | | | | |  | | | | | | | | | | | | | | | | | |
| If no to either of the above, are there any conditions which you are aware of which will prevent you from obtaining licensure? | | | | | | | | | | | | | | | | | Y/N | | | | | |
| Has your driver’s license ever been suspended or revoked? | | | | | | Y/N | | | If yes, provide dates, reason for suspension/revocation, and restoration date if applicable. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| If you possess D and/or G licenses, has the Florida Department of Agriculture and Consumer Services, Division of Licensing ever taken any disciplinary action against | | | | | | | | | | | | | | | | | | | | | | |
| you, to include but not be limited to suspension, revocation, probation and/or fines? | | | | | | | | | | | | | | | | | | | Y/N | | | |
| If yes, provide dates, action taken against you, and final/current disposition of your license status. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Has your personal automobile insurance ever been cancelled, suspended, or non-renewed? | | | | | | | | | | | | | Y/N | | If yes, provide dates and details | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Are you now, or have you ever been, the subject of a restraining order, protective order, or injunction against domestic violence? | | | | | | | | | | | | | | | | | | | | Y/N | | |
| If yes, provide dates and details. | |  | | | | | | | | | | | | | | | | | | | | |
| Have you ever been denied employment by any criminal justice agency in Florida or any other state? | | | | | | | | | | | | | | | | | | | | Y/N | | |
| If yes, provide dates and details. | |  | | | | | | | | | | | | | | | | | | | | |
| To the best of your knowledge, are you disqualified to receive or possess firearms under any of the provisions of federal law? | | | | | | | | | | | | | | | | | | | | Y/N | | |
| Are you a veteran of the Armed Forces of the United States? | | | | | | | Y/N | | | If yes, list branch, M.o.S., dates of service, and rank at discharge. | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Can you operate a motor vehicle? | | | Y/N | |

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. (initials) |  |
| I understand that the company reserves the right to require me to submit to a drug test at any time and also reserved the right to require me to submit to an | |
| alcohol test and/or medical examination to the extent permitted by law. (initials |  |
| I 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. (initials) |  |
| I understand that if employed I will be on a 90-day introductory period. 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 will be considered “at-will.” (initials) |  |
| By signing below, 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, it will result in the termination of my | |
| employment. (initials) |  |
| I certify that I have received a written notification that the company may obtain a consumer report(s) on me. I authorize this company to obtain such a | |
| report(s) for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain | |
| on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand | |
| that the term “consumer report” includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and | |
| investigative consumer reports. (initials) |  |

**Ibis is an Equal Opportunity Employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or any other category protected by federal, state, or local law.**

|  |  |
| --- | --- |
|  | Click here to enter a date. |
| Signature of applicant | Date |

Note to Applicants

(Please read before submitting application)

Upon submission of your application it will be reviewed and either rejected or approved for future consideration based on your suitability and qualifications. You will then be considered for possible selection to attend an oral interview board conducted by members of the command staff and line personnel of the Ibis Department of Public Safety. Said oral boards are conducted on an infrequent and as needed basis. Your application will remain valid and on file until such time as the next oral boards are scheduled, at which time you will be contacted.

Administrative Use Only; Do Not Write Below This Line

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application received on; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_