



DESOTO COUNTY  
BOARD OF COUNTY COMMISSIONERS  
HUMAN RESOURCES DEPARTMENT  
APPLICANT DEMOGRAPHIC RECORD  
Equal Opportunity Employer  
Equal Access Employer  
Drug-Free Workplace

**EEO Designation Form**

**POSITION APPLIED FOR:**

Requisition No: \_\_\_\_\_

Position No: \_\_\_\_\_

Job Title: \_\_\_\_\_

It is the policy of DeSoto Board of County Commissioners to provide equal employment opportunity to all individuals regardless of race, color, religion, sex, national origin, disability, age, veteran status, genetics or any other legally protected status. DeSoto BOCC will hold the information requested below in strict confidence and will use such information for reporting purposes only as mandated by Title VII of Civil Rights Act of 1964 as amended.

Completion of this form is voluntary; persons choosing not to submit information shall not be subject to retaliation or reprisal of any kind. Please note, however, DeSoto BOCC will select a sex and race/ethnic group based on visual inspection for those persons who decline to self-identify.

Please indicate the appropriate sex:

- Male  
 Female  
 I do not wish to answer

Please indicate the appropriate race/ethnic group:

- White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.  
 Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race  
 Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.  
 American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.  
 Asian or Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinents, including, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.  
 I do not wish to answer.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**DESOTO COUNTY BOARD OF COUNTY COMMISSIONERS  
HUMAN RESOURCES DEPARTMENT  
EMPLOYMENT APPLICATION**

Equal Opportunity Employer  
Equal Access Employer  
Drug-Free Workplace

**Where to find Vacancy Information:**

- On the Internet at <http://www.desotobocc.com>
- On the Internet at <http://www.employflorida.com>
- DeSoto County Career Source Center  
2160 NE Roan Avenue  
Arcadia, Florida 34266  
PH: (863) 993-1008

**Application Instructions:**

Submit your application to:  
**DeSoto County Career Source Center  
2160 NE Roan Avenue  
Arcadia, Florida 34266  
PH: (863) 993-1008 Fax: (863) 993-1046**

- Complete and submit a DeSoto County application form typed or printed in ink neatly. A resume may be included as an attachment; however, the application form must be completed in its entirety.  
**Incomplete applications will not be considered.**
- Specify the title, position, and requisition number of position applying for. (**Note: A separate application must be submitted for each vacancy. Photocopies with original signature are acceptable.**)
- Applicant must take appropriate measures to ensure that the application is received by DeSoto County Career Source Center by 5:00 p.m. on the published closing date. Applications received after the closing date will not be considered.

**POSITION APPLIED FOR:**

Requisition No: \_\_\_\_\_

Position No: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Available to Work: \_\_\_\_\_

Are you a current DeSoto Board of County Commissioners Employee?  Yes  No

Are you a former DeSoto Board of County Commissioners Employee?  Yes  No

Where did you learn of this vacancy?  
\_\_\_\_\_

**HOW DO WE CONTACT YOU?**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Your Home Address

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Home Phone Work, Business or Cell Phone

**CITIZENSHIP/AUTHORIZATION TO WORK**

Are you legally authorized to work in the U.S.? Yes No

"In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire".

**SELECTIVE SERVICE REGISTRATION**

If you are a male between the ages of 18 and 26, do you have proof of registration?  Yes  No  N/A

**RELATIVES IN BOARD OF COUNTY COMMISSIONERS EMPLOYMENT**

To your knowledge, do you have any relatives working for the DeSoto County BOCC?  Yes  No  
Name of Relative(s)

**EXEMPTION FROM PUBLIC RECORDS DISCLOSURE**

Are you a current or former law enforcement officer, other covered employee\* or the spouse or child of a covered employee\* or former employee who is exempt from public records under §119.07, Florida Statutes?  Yes  No

\*Other covered jobs include correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement and certain investigators in the Department of Children and Families; human resources, labor relations, or employee relations directors, and their spouses and children; code enforcement officers and their spouses and children.

**DRIVERS LICENSE INFORMATION**

State of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License Class: \_\_\_\_\_

**For Human Resources Use Only:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



**EDUCATION** – Circle Highest Grade Completed. You will be asked for more detailed information in the next section.

**Grade School** 1 2 3 4 5 6 7 8    **High School** 9 10 11 12 GED    **College** 1 2 3 4    **Graduate School** 1 2 3 4

**HIGH SCHOOL**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Received: \_\_\_ Diploma    \_\_\_ Certificate of Completion    \_\_\_ GED    \_\_\_ None    Highest grade completed: \_\_\_\_\_

**COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUESTED)**

Add additional pages if necessary to provide all requested information.

NAME OF SCHOOL	LOCATION (CITY/STATE-ZIP/PHONE)	# CREDIT HRS	MAJOR/MINOR	DEGREE EARNED
_____	_____	_____ (qtr)	_____	_____
_____	_____	_____ (sem)	_____	_____
_____	_____	_____ (qtr)	_____	_____
_____	_____	_____ (sem)	_____	_____

**OTHER TRAINING/COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)** Add additional pages if necessary to provide all requested information.

NAME OF SCHOOL	LOCATION (CITY/STATE-ZIP/PHONE)	# HRS	CERTIFICATE EARNED	TRAINING COMPLETED
_____	_____	_____	_____	___ Yes ___ No
_____	_____	_____	_____	___ Yes ___ No

**KNOWLEDGE/SKILLS/ABILITIES (KSAs).** List KSAs an/or certifications you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in languages(s), supervisory or management certifications, etc. (attach additional pages as necessary)

\_\_\_\_\_

\_\_\_\_\_

**PRIOR TERMINATIONS:**

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance?

\_\_\_ No    \_\_\_ Yes

If yes, give details, including the name of employer and supervisor who terminated your employment and the reason you were told you were terminated.

\_\_\_\_\_

\_\_\_\_\_



**DeSoto County  
Board of County Commissioners**

**Your Name:** \_\_\_\_\_

**PERIODS OF EMPLOYMENT:** All employment information must be filled out in this section. Resumes and other attachments will **not** be accepted in place of filling out this section, but may be submitted as supplemental information. Describe **10 years** of work experience in detail beginning with your **PRESENT** or most recent job, and describe all periods of employment and periods of unemployment if longer than six months. Be sure to provide complete information regarding each position. Use multiple pages to ensure that **10 years** of experience is shown.

**IMPORTANT:** Indicate supervisory responsibility and number of employee supervised. For the purposes of the County, supervisory responsibility involved having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, where the exercise of such authority requires the use of independent judgment. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties and responsibilities.

1. Name of Present or Last Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
 From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ Number of Hours Worked Per Week \_\_\_\_\_ Annual Salary \_\_\_\_\_  
 Supervisory Responsibility (see definition above): Yes \_\_\_ No \_\_\_ Number of employees supervised: \_\_\_\_\_  
 Your Name, if Different, During Employment: \_\_\_\_\_  
 Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

2. Name of Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
 From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ Number of Hours Worked Per Week \_\_\_\_\_ Annual Salary \_\_\_\_\_  
 Supervisory Responsibility (see definition above): Yes \_\_\_ No \_\_\_ Number of employees supervised: \_\_\_\_\_  
 Your Name if Different During Employment: \_\_\_\_\_  
 Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

3. Name of Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
 From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
 Supervisory Responsibility (see definition above): Yes \_\_\_ No \_\_\_ Number of employees supervised: \_\_\_\_\_  
 Your Name if Different During Employment: \_\_\_\_\_  
 Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

