



# ANASTASIA MOSQUITO CONTROL DISTRICT OF ST. JOHNS COUNTY

## INTERNSHIP / VOLUNTEER APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

120 EOC Drive, St. Augustine, FL 32092  
PHONE: (904) 471-3107 . FAX: (904) 471-3189  
WEBSITE: [www.amcdsjc.org](http://www.amcdsjc.org)

Please answer all questions. Resumes may be submitted in addition to this application form.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name (Please Print)                      First                      Middle                      Telephone Number

\_\_\_\_\_  
Present Address - Street                      City / State                      Zip Code

Proof of citizenship or immigration status verifying your legal right to work in the U.S. and your identity may be required upon employment.

Have you ever been convicted of a felony?     YES     NO.    If yes, give dates and explain. (Attach a separate piece of paper if necessary.) A conviction will not necessarily disqualify you from employment.

If you are under 18 years of age please specify your age. \_\_\_\_\_

### EDUCATIONAL DATA:

<u>SCHOOL</u>	<u>NAME &amp; ADDRESS OF SCHOOL</u>	<u>YEARS COMPLETED</u>	<u>DIPLOMA OR DEGREE</u>	<u>MAJOR COURSE OF STUDY</u>
HIGH SCHOOL				
COLLEGE				
OTHER				

List any specialized courses or training that support your application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extra Curricular Activities and Honors Received: \_\_\_\_\_  
\_\_\_\_\_

Other Skills: List any other specialized skills or expertise that qualify you for this position: \_\_\_\_\_  
\_\_\_\_\_

### **IN CASE OF EMERGENCY, NOTIFY:**

_____ Name	_____ Phone Number	_____ Relationship
_____ Street Address	_____ City / State	_____ Zip Code

# EMPLOYMENT & VOLUNTEER EXPERIENCE

**List most recent or present job or volunteer activities first.**

Employer	Dates Employed (From / To)	Work Performed
Street Address	City / State	Zip Code
Job Title	Hourly Rate / Salary (Starting / Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		

Employer	Dates Employed (From / To)	Work Performed
Street Address	City / State	Zip Code
Job Title	Hourly Rate / Salary (Starting / Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		

**Indicate your availability:**

<b>DAYS:</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
<b>TIMES:</b>							

Are there any hours, shifts or days you will not work?  YES  NO If yes, explain: \_\_\_\_\_

Do you have transportation to work?  YES  NO

Can you travel if required for the job?  YES  NO

On what date would you be available to start work? \_\_\_\_\_

Do you have any friends or relatives who work here? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If <b>YES</b> , please provide their names and their relationship to you.	
Name	Relationship
_____	_____
Name	Relationship
_____	_____

Are you currently employed?  YES  NO Name of Employer: \_\_\_\_\_

May we contact your present employer?  YES  NO Previous Employers?  YES  NO

Please identify any exceptions and reasons for not contacting prior employers: \_\_\_\_\_

## CHARACTER REFERENCES

List three persons not related to you, whom you have known at least three years:

NAME	ADDRESS & PHONE NUMBER	OCCUPATION
1.		
2.		
3.		

List any additional information, special job-related skills and qualifications that may be helpful in considering your application for employment: \_\_\_\_\_

Have you filed an application here before?                      If YES, give dates: \_\_\_\_\_

Have you filed an application here before?                      If YES, give dates: \_\_\_\_\_

NOTICE TO APPLICANTS: We comply with the Americans Disabilities Act of 1990. During the interview process, you will be asked questions concerning your ability to perform job-related functions.
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### APPLICANT'S STATEMENT

I certify that the foregoing answers are true and correct to the best of my knowledge. I authorize the investigation of all statements contained in this application and hereby give this permission to contact schools, previous employers, references, and others, and hereby release the organization from any liability as a result of such contact. I understand that any false or misleading information or omissions of facts requested in this application or interview may remove me from further consideration for employment. In addition, if employed, any false or misleading or omissions of facts called for in this application may be cause for subsequent dismissal at any time.

This application will remain for forty-five (45) days. Any applicant wishing to be considered for employment beyond forty-five (45) days must re-apply.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

All applicants under the age of 18 must have a parent or guardian sign below

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

The organization is an equal opportunity employer and considers applications for all positions without regard to race, color, age, sex, religion, national origin, disability or marital status.
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