



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

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 & 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:

DAYS:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIMES:							

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 YES , 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.
--

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.
--