



## ORANGE COUNTY SUPERVISOR OF ELECTIONS

119 W KALEY ST  
 ORLANDO, FL 32806  
 407-836-2070  
[www.ocfelections.gov](http://www.ocfelections.gov)  
[recruiter@ocfelections.gov](mailto:recruiter@ocfelections.gov)

### Job Application

#### Equal Opportunity Employer † Drug-Free Workplace

**Note:** This application was designed to use with several types of job positions. Some questions may not apply to the job position you are seeking. However, you must answer all questions completely and truthfully. Please type or print the information. Attach resume or extra sheet if desired or necessary. Please contact Human Resources if you need an accommodation to complete this application or participate in the interview process.

Applications are accepted, and selection decisions are made without regard to race, color, religion, sex (including sexual orientation, gender expression, and gender identity), age, national origin, pregnancy (including childbirth and related conditions), marital or veteran status, disability, or any other protected classes under applicable local, state, or federal regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way.

Date:	Position Applying For:
-------	------------------------

#### PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial:
Street Address:		Home Phone:
City, State & Zip Code:		Work Phone:
E-Mail Address:		Cell Phone:
Are you over 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Registered Voter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?		
If yes, how?		

#### MILITARY SERVICE

Branch of Service:	Serial Number:	Rank at Discharge:
Dates of Service:	From:	To:
Duties and Special Training and/or Skills:		

**Note:** To request Veteran's Preference (VP) for a VP-eligible position, along with this application, you must submit proof of veteran status (DD Form 214 and any attachments) showing your dates of service and type of discharge. Additional or other documents may be required depending on the type of VP being requested.

#### CRIMINAL CONVICTIONS

Have you ever been convicted of a crime, other than a minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If yes, describe the details of the conviction/offense, the sentence for the conviction, the date of the conviction (month and year), and your rehabilitation since then:

*\* Conviction of a crime will not necessarily result in denial of employment. Factors such as the nature and gravity of the offense, the facts, and circumstances surrounding the offense, the nature of the job sought, your age at the time of the offense, the time that has passed since the offense and completion of the sentence, rehabilitation efforts, and others will be taken into account in determining effect on suitability for employment in the position applied for.*

**EDUCATION**

	Name & Location	Did you Graduate?	Major Subject	Degree Attained
<b>High School or GED</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>College</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Graduate School</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Vocational or Business</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		

If none of the above options are applicable, what is the highest grade level of elementary education that you completed? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Beginning with your current or most recent employment, list all periods of employment for at least the last 10 years, regardless of the duration or type of work. List any gaps in employment as separate entries. Title changes must be listed as separate entries, even if they are with the same employer period. **All information requested for each employer must be completed whether or not a resume is attached.** If you are currently employed, state why you are considering leaving. Attach additional sheets, if necessary, to provide the required 10-year employment history.

Current or Most Recent Employer:		Address:	
Official Job Title:		Supervisor's Name & Title:	Phone Number:
Dates Employed:	From	To	If Part-Time Job, Number of Hours Per Week:
Salary:	Starting Pay	Ending Pay	Commission / Bonus Pay
Reason for leaving or considering leaving (explain) <u>AND</u> check one of these boxes:			<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated
Describe duties in detail:			

Employer:		Address:	
Official Job Title:		Supervisor's Name & Title:	Phone Number:
Dates Employed:	From	To	If Part-Time Job, Number of Hours Per Week:
Salary:	Starting Pay	Ending Pay	Commission / Bonus Pay
Reason for leaving (explain) <u>AND</u> check one of these boxes: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated			
Describe duties in detail:			

Employer:		Address:	
Official Job Title:		Supervisor's Name & Title:	Phone Number:
Dates Employed:	From	To	If Part-Time Job, Number of Hours Per Week:
Salary:	Starting Pay	Ending Pay	Commission / Bonus Pay
Reason for leaving (explain) <u>AND</u> check one of these boxes: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated			
Describe duties in detail:			

**Driving Record (for applicants applying for a position that may require use of a personal or SOE vehicle for work)**

Do you hold a valid and unexpired driver license that is not currently suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the state: _____
Have you been convicted of any moving violation(s) in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date(s) and explanation of each:

**Specialized Training / Skills / Experience / Certifications / Licenses (check and list all that apply)**

Experience	Professional Certifications / Licenses	Special Skills / Qualifications
<input type="checkbox"/> Calculator / Adding Machine		
<input type="checkbox"/> Computers		
<input type="checkbox"/> Copiers / Scanners		
<input type="checkbox"/> Data Entry		
<input type="checkbox"/> Financial Software		
<input type="checkbox"/> Microsoft Office Suite		
<input type="checkbox"/> Programming / Coding		
<input type="checkbox"/> Payroll Software		
<input type="checkbox"/> Smart Sheet		
<input type="checkbox"/> Trainer		
<input type="checkbox"/> Other		

The Supervisor of Elections office frequently needs to communicate with voters and others who may not speak English. If you are proficient in a language other than English, please complete the following section.

1.	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
2.	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
3.	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak

**PERSONAL REFERENCES**

List two people who are **not** related to you and are **not** current or previous employees of the Supervisor of Elections.

Name	Phone Number	E-Mail Address	Occupation
1.			
2.			

**Do you have any friends or relatives working for the Supervisor of Elections?**  Yes  No

If Yes, provide: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Have you ever been employed by the Supervisor of Elections?**  Yes  No

If Yes, when? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

**How did you first learn about the position for which you are applying?**

Employee Referral – Current / Former (Name): \_\_\_\_\_

Our Website  Internet Job Site  Walk In  Other



**ORANGE COUNTY SUPERVISOR OF ELECTIONS**

119 W KALEY ST  
ORLANDO, FL 32806  
407-836-2070

[www.ocfelections.gov](http://www.ocfelections.gov)  
[recruiter@ocfelections.gov](mailto:recruiter@ocfelections.gov)

**APPLICANT'S STATEMENT**

Please read the following statements carefully before signing this application. Only those applications that are complete, signed and dated are considered valid.

- I hereby declare that the information provided by me in this application is true and complete. I understand that falsification or omission of any information is grounds for refusal to hire, or if hired, grounds for termination.
- If I am hired, I agree to comply with all rules, procedures, and policies of the Supervisor of Elections and to work overtime as requested. I understand that these rules, procedures, and policies may be changed, interpreted, withdrawn, or added to by the Supervisor of Elections at any time, at the Supervisor's sole option and without any prior notice to me.
- I authorize any of the persons or organizations referenced in this application to release any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damage, which may result from furnishing such information.
- I authorize you to request, receive and verify all information given in this application.
- I further acknowledge that if I am employed by the Orange County Supervisor of Elections, my employment will be at will, and may be terminated with or without cause, at any time, by me or the Supervisor of Elections.
- I understand that satisfactory completion of a pre-employment physical examination and drug test is a mandatory condition of employment. A positive confirmed drug test or the refusal to submit to a drug test will result in the conditional offer of employment being withdrawn and will render the applicant ineligible for employment for a minimum of twelve (12) calendar months from the date of the positive drug test.
- I understand that I may be requested to submit to a drug and alcohol test at any time, including, but not limited to a situation in which management determines that there is reasonable suspicion that my judgment, performance, or behavior may be impaired due to the presence of drugs or alcohol in my system while conducting or engaging in business for the Supervisor of Elections, or if I am involved in an accident during work hours. Positive results can affect my eligibility for workers' compensation benefits and can lead to disciplinary action up to and including immediate dismissal from employment.
- I understand that I will be asked to provide specific information and documentation that will be utilized to conduct a background investigation.
- I have read and understand the above statements.

---

Signature of Applicant

---

Date