



Apalachee Regional Planning Council Employment Application

Apalachee Regional Planning Council is an Equal Opportunity Employer and does not discriminate against any person because of race, color, national origin, religion, sex, age, genetic information, marital status, or disability. Apalachee Regional Planning Council is a Drug Free Workplace. Apalachee Regional Planning Council determines employment eligibility through the E-Verify system; if an offer is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Position Applied for: _____

Start Date Available: _____

Minimum Acceptable Salary: _____

Personal Information				
Last Name		First Name		Middle Initial
Street Address		City	State	Zip
Phone (Cell)	Phone (Other)		Email	
How did you hear about us? <i>Choose an item.</i>			Maiden/Other Known Name (if applicable)	
Do you have any relatives working this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education (please include all completed schools; i.e. high school, college, vocational, etc)				
Institution Name, City, State	Dates Attended (Month/Year)		Major/Minor Course Study	Degree, Diploma, License, or Certificate Earned
	From	To		
Other Special Knowledge, License, or Education:				

Submit Application via:

Email: HR@arpc.org

Fax: (850)488-1616

Mail: 2507 Callaway Rd., Ste 100,
Tallahassee, FL 32303



Employment History - Resume does not take the place of the application			
Name of Employer		Dates of Employment	
Address	City	State	Zip
Job Title	Supervisor Name	Phone	
Reason for Leaving			
Name of Employer		Dates of Employment	
Address	City	State	Zip
Job Title	Supervisor Name	Phone	
Reason for Leaving			
Name of Employer		Dates of Employment	
Address	City	State	Zip
Job Title	Supervisor Name	Phone	
Reason for Leaving			
Name of Employer		Dates of Employment	
Address	City	State	Zip
Job Title	Supervisor Name	Phone	
Reason for Leaving			
Name of Employer		Dates of Employment	
Address	City	State	Zip
Job Title	Supervisor Name	Phone	
Reason for Leaving			



References

Please list at least 3 professional references and 2 personal references that ARPC may call.

Last Name	First Name	How do you know this person?	Phone	Email

Exemption from Public Records Disclosure

Are you a current or former law enforcement officer, other employee* or the spouse or child of one, who is exempt from public records disclosure under 119.07, F.S.?

Yes No
 *See [Florida Statute 119.07](#) for definitions and more information

Background Information

Have you ever been convicted of a felony or a first-degree misdemeanor?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what charges?	Where (city, state)?	Date of conviction
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Have you ever pled "Nolo Contendere" or pled guilty to a crime which is a felony or a first-degree misdemeanor?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what charges?	Where (city, state)?	Date of conviction
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Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first-degree misdemeanor?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what charges?	Where (city, state)?	Date of conviction
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Note: A "Yes" answer to these questions does not automatically bar you from employment.

Selective Service Registration

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted. If you are a male between the ages of 18 and 26, do you have proof of registration or exemption from the Selective Service System?

Yes No Not Applicable



Certification and Authorization

I am aware that any omissions, falsification, misstatements, or misrepresentations above may disqualify me for employment consideration, and that if I am hired, may be grounds for termination of employment at a later date. I understand that any information I give may be investigated as allowed by law. I give Apalachee Regional Planning Council (ARPC) the right to investigate the information given and to secure additional information if necessary, for employment purposes. I authorize my previous employers, educational institutions, references, and all other individuals and organizations listed in this application to give information about my employment, work habits, abilities, and character. I agree that ARPC and my previous employers, educational institutions and all other individuals and organizations listed in this application will not be held liable in any respect if an employment offer is not made, is withdrawn, or my employment is terminated because of misrepresentations or omission of requested information. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for employment are public records except as exempted above.

I certify that, to the best of my knowledge and belief, all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature: _____

Date: _____