



Florida Governor's Council on Indian Affairs, Inc.

625 N. Adams Street, Tallahassee, FL 32301

Summer Program Application
APPLICATION DUE BY April 12, 2019

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applying for: _____

Gender: Male Female Marital Status: Single Married Divorced Widowed

T-Shirt Size: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: 2yr: _____ 4yr: _____

Major: _____ Minor: _____

Trade or Technical: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Certificate or Credential: _____

High School/GED: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Graduate/ Professional Development : _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree or Certificate: _____

Previous Employment

Current or Most Recent Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Skills and Qualifications

Briefly list/identify your skills and qualifications applicable to the position for which you are applying:

Professional References

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Applicant's Certification and Agreement

Please read carefully before signing.

Florida Governor's Council on Indian Affairs, Inc. is an equal opportunity employer. Florida Governor's Council on Indian Affairs, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Florida Governor's Council on Indian Affairs, Inc. to hire me. I understand that should an employment offer be extended to me and accepted that I agree to fully adhere to the policies, rules and regulations of employment of Florida Governor's Council on Indian Affairs, Inc. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. If I am hired, I understand that either Florida Governor's Council on Indian Affairs, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Florida Governor's Council on Indian Affairs, Inc. has the authority to make any assurance to the contrary.

I agree to submit to objective testing on relevant academic and job skills.

I attest with my signature below that I have given to Florida Governor's Council on Indian Affairs, Inc. true and complete information on this application. No requested or relevant information has been concealed. I authorize Florida Governor's Council on Indian Affairs, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I hereby release Florida Governor's Council on Indian Affairs, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.

Signature: _____ Date: _____