



Okeechobee Main Street, Inc APPLICATION FOR EMPLOYMENT

Contact: Angie Griffin - Email: angie@okeechobeemainstreet.org - Phone 863-697-1105

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered.

Please complete each section, even if you attach a resume.

Personal Information

Name

Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a valid Florida Driver's License? Yes* <input type="checkbox"/> No <input type="checkbox"/>	Do you have steady transportation to work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever held a position of trust (handling money/confidential material?) Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	If hired are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>	If hired are you willing to submit to a pre-employment drug screening test? Yes <input type="checkbox"/> No <input type="checkbox"/>

Position

Position you are applying for	Available start date	Desired pay
Employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Are you related to an Okeechobee Main Street Board Member? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please list name of board member and what is your relationship:	

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History (Start with most recent or present employer)

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (4)	Job Title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (5)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

May we contact the employer(s) listed above? Yes No

If not, indicate by no. which one(s) you do not wish us to contact: _____

***Please provide Florida Driver's License number and expiration date.** _____

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	