

Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

## PLEASE READ CAREFULLY

### APPLICANT'S CERTIFICATION AND STATEMENT

Okaloosa County is an affirmative action, equal opportunity employer that always employs the best qualified individual for the job based on job-related qualifications, and regardless of race, color, national origin, religion, disability, marital status, age, sex, or other protected status under federal, state or local law.

Okaloosa County complies with the mandates of the Americans With Disabilities Act. Disabled individuals are encouraged to apply for positions and the County will reasonably accommodate such individuals, both in any pre-employment testing and/or with respect to the job applied for. If special assistance is needed in the application process, please feel free to contact the Human Resources Department.

As a condition of employment with Okaloosa County Board of County Commissioners, all males between the ages of 18-26 years of age shall be required to show proof of selective service registration or exemption prior to being employed with the County. This requirement also applies to current employees selected to fill vacant positions. For more information or to register, contact your local U.S. Post Office or the Selective Service System at <http://www.sss.gov>.

I hereby certify that all statements made hereon and attached hereto are correct to the best of my knowledge, and understand that any false statement, misrepresentation, or omission of facts, may be cause for denying me the right to employment or for my later dismissal. I understand if I am employed, I will be an at will employee and can be terminated with or without cause. I agree, if hired, to abide by all policies, rules, and regulations of Okaloosa County.

Permission is hereby granted to Okaloosa County to investigate my personal history, conduct a criminal background check, and solicit statements from any person or organization with which I have ever been associated. In consideration of the receipt of this application by Okaloosa County, I hereby release Okaloosa County and all persons or organizations from any liability arising from such statements, their solicitation or use. I understand that this application is valid only for the position indicated, and I must reapply for future vacancies. I understand that my employment is contingent upon the accuracy of the information contained herein, and that if I am employed, the information given in this application will be used as part of my personnel records.

I freely and voluntarily agree to submit to a drug test as a part of my application for employment. I understand that either my refusal to submit to the drug test or a positive test result for illegal drugs will disqualify me from further consideration for this position.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### APPLICANT: PLEASE DO NOT WRITE IN THIS SECTION

\_\_\_\_\_ Qualified

\_\_\_\_\_ Not Qualified

Initial & Date

\_\_\_\_\_

\_\_\_\_\_

Selected \_\_\_\_\_

Not Selected \_\_\_\_\_

Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veteran's Preference  
Eligibility

\_\_\_\_\_ None

\_\_\_\_\_ 5 Points

\_\_\_\_\_ 10 Points

\_\_\_\_\_ 30% or more  
Disability