



Application For Employment
4000 Gateway Centre Blvd. Suite 100-Pinellas Park, FL 33782
www.tbrpc.org

Contact Information

Date:

Name (First/Middle/Last):

Social Security #

Address:

Phone:

Cell:

Email:

Employment Desired

Position:

Date you can start:

Salary Requirements:

Do you have any commitments (personal or with a previous employer) that might affect your employment with the Tampa Bay Regional Planning Council? YES NO

If YES, please explain:

Are you related to anyone in our employ? YES NO

Are you over 18 years of age? YES NO

Have you ever been convicted of a felony? YES NO

If yes, DATE:

U.S. Military Dates of Duty:

Rank at Separation:

Present Membership in National Guard or Reserve? YES NO

Pre-employment drug testing and criminal background check is required.



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Education

Official transcripts are required from all colleges and universities attended. Verification of graduation will be required prior to employment.

High School/GED

Name/Location:

Graduation Date:

College/University

Name/Location:

Number of Years Completed:

Major Coursework:

Graduation Date:

Grade Point Average:

Graduate School

Name/Location:

Number of Years Completed:

Major Coursework:

Graduation Date:

Grade Point Average:

Vocational/Business School

Name/Location:

Number of Years Completed:

Major Coursework:

Graduation Date:

Grade Point Average:

Other Studies:

Subjects of special study, research work, graduate assistantships, and any other notable accomplishments that you feel will enhance your qualifications for this position?



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Employment History

Current/Previous Employment (beginning with the most recent)

May we contact these employers? **YES** **NO**

Employer: _____ City/State: _____
Job Title: _____
Job Duties: _____
Employed From: _____ To: _____
Starting Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Supervisor Name: _____ Contact Info: _____

Employer: _____ City/State: _____
Job Title: _____
Job Duties: _____
Employed From: _____ To: _____
Starting Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Supervisor Name: _____ Contact Info: _____

Employer: _____ City/State: _____
Job Title: _____
Job Duties: _____
Employed From: _____ To: _____
Starting Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Supervisor Name: _____ Contact Info: _____

Employer: _____ City/State: _____
Job Title: _____
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Employment Related References

Please provide (3) professional references and (2) personal references.

Name: _____ Title: _____
Contact Information: _____
Professional Reference Personal Reference Years Known: _____

Name: _____ Title: _____
Contact Information: _____
Professional Reference Personal Reference Years Known: _____

Name: _____ Title: _____
Contact Information: _____
Professional Reference Personal Reference Years Known: _____

Name: _____ Title: _____
Contact Information: _____
Professional Reference Personal Reference Years Known: _____

Name: _____ Title: _____
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Professional Reference Personal Reference Years Known: _____



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IMPORTANT! READ THE MATERIAL BELOW AND REVIEW YOUR ENTIRE APPLICATION BEFORE SIGNING.

I acknowledge by my signature that I have read and understand the following:

Qualification and employment considerations by the Tampa Bay Regional Planning Council are based on the truthfulness and completeness of the statements in this application. Falsifications or omission of information will constitute grounds for disqualification or dismissal. Upon submission of this application, addendum sheets and other required documentation to support employability become the property of the Tampa Bay Regional Planning Council and are matters of public record subject to release to persons or agencies upon request. Presenting any false document(s) to gain employment may be cause for ineligibility for hire or immediate dismissal.

I authorize the Tampa Bay Regional Planning Council to investigate the truthfulness of all statements made on this application and to contact my former employers and other listed references of other persons who can verify information.

I give my consent for all contacted persons, including former employers, to provide information concerning this application, and I release each contacted person from liability for providing such information. I waive all causes of action that I might have arising from the foregoing.

I am aware and give my consent to having a criminal background check as part of this employment application. I further authorize the conduction of said background check.

I am aware that pre-employment drug testing is required as a condition of continued employment. I may be subject to additional drug testing during employment at any time at the organization's discretion. I am aware that the Tampa Bay Regional Planning Council employees are placed on a minimum of 90 days initial probationary period. Just as the employee is free to leave the Council's employment at any time, the Council has the right to terminate the employee at any time.

I acknowledge that the **APPLICATION FOR EMPLOYMENT MUST BE SIGNED** in order to be processed or evaluated.

Signature:

Date:



AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION

WAIVER

In connection with background checks, I hereby authorize Tampa Bay Regional Planning Council to obtain Credit Reports, Criminal Records that include Felony and Misdemeanors, Education Verifications, Drivers Records, and any and all background information allowed under the law.

I release such persons, businesses, corporations, institutions, medical establishments, local, state, and federal law enforcement agencies from any liability of any type as a result of providing the above mentioned information to the Tampa Bay Regional Planning Council.

I hereby release and discharge Tampa Bay Regional Planning Council, the employees, agents, successors and assigns, from any and all liability that may arise out of the investigation of my background as set forth herein. Background checks of applicants may include the following:

Criminal Background Checks

Signature:

Date:

Birth Date:

Social Security #:

Driver's License # and State:

Street Address:

City/State/Zip Code:

Please list all states in which you have resided: