



If applying for a bus driving position, do you have a valid CDL with P & S Endorsements? Yes No N/A

If applying for a teaching position, do you have a current C.D.A or FCCPC? Yes No N/A

Do you have reliable transportation to and from work? Yes No

**WORK HISTORY:** List your last **five years** of employment history, starting with the most recent employer first:

**Current or Last Employer:**

Company	Address	Telephone
Job Title	Supervisor	Dates Employed: From To
May we contact for a reference?	Reason for Leaving	

**Previous Employer:**

Company	Address	Telephone
Job Title	Supervisor	Dates Employed: From To
May we contact for a reference?	Reason for Leaving	

**Previous Employer:**

Company	Address	Telephone
Job Title	Supervisor	Dates Employed: From To
May we contact for a reference?	Reason for Leaving	

**Previous Employer:**

Company	Address	Telephone
Job Title	Supervisor	Dates Employed: From To
May we contact for a reference?	Reason for Leaving	

Please list any periods of unemployment during the last five years, including dates:

**REFERENCES: Give below the names of 3 persons not related to you, whom you have known at least one year**

Name		
Relationship	Telephone	Years Known
Name		
Relationship	Telephone	Years Known
Name		
Relationship	Telephone	Years Known

**APPLICANT CERTIFICATION & AUTHORIZATION FOR REFERENCE CHECK**

1. I authorize the EOC to conduct a reference check with my current and/or previous employer(s), and personal references. I understand that the reference information may include, but not be limited to, inquiries about my employment performance, attendance, and character, rehire potential, dates of employment, and position(s) held.

My signature below authorizes my current or former employer(s) and references to release information regarding my employment record and to provide any additional information that may be necessary for my application for employment to the EOC.

I knowingly and voluntarily release all current and former employers, references, and the EOC from all liability arising from their giving or receiving information about my employment history, academic credentials or qualifications, and my suitability for employment with the EOC.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original, which I sign.

2. I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge no matter how long a time has elapsed since employment.
3. I understand that all hiring commitments are conditional based on the substantiation of information shown on the application; presentation of documents required to verify my legal right to work in the USA; clearance from the authorized Level II background check, and pre-employment health screening, if applicable to the position applied for.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**The Economic Opportunities Council of Indian River County, Inc. is proud to be an Equal Opportunity Employer and Drug-Free Workplace.**

The EOC of IRC, Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, [Company Name] complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

**ECONOMIC OPPORTUNITIES COUNCIL OF INDIAN RIVER COUNTY, INC.  
SUPPLEMENT TO EMPLOYMENT APPLICATION**

**Have you ever had a license denied, revoked, or suspended in any state or jurisdiction or have been the subject of disciplinary action or been fined while employed in a child care facility or family day care home?**

No

Yes; Please explain in detail:

**Have you ever worked in a facility or family day care home that has had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility or family day care home?**

No

Yes; Please explain in detail:

Applicant/Employee Signature

Date (MM/DD/YYYY)

**After you complete the application please visit [eocofirc.net/upload-app](http://eocofirc.net/upload-app)**