

# Employment Application

**We are an equal opportunity employer dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status or veteran status. We aim to hire and promote the best qualified.**

<b>APPLICANT INFORMATION</b>			
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Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Date Available		
E-mail address:			

<b>EMPLOYMENT DESIRED</b>	
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Position Applied For	Desired Salary
Are you 18 Years or Older? ( ) Yes ( ) No	Referred by:
Are you related to anyone who works for this office? If so, state name, department and location:	
Ever applied to this office before? ( ) Yes ( ) No	Where? When?
Are there any days, shifts or hours you will not work? ( ) Yes ( ) No If yes, explain:	
Are you a US Citizen ( ) Yes ( ) No	If no, do you have authorization to work in the US? ( ) Yes ( ) No

<b>EDUCATION</b>	
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<b>Grade School (s)</b>	Address		
From To	Subjects Studied	Grade Average	
<b>High School</b>	Address		
From To	Subjects Studied	Grade Average	
<b>College</b>	Address		
From To	Subjects Studied	Grade Average	
<b>Trade, Business, or Correspondence School</b>	Address		
From To	Subjects Studied	Grade Average	

<b>WITHIN THE PAST SEVEN (7) YEARS:</b>	
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Have you ever been convicted of, or pled guilty, no contest or nolo contendere to a crime ( ) Yes ( ) No If Yes, give details (date, place, offense(s), disposition, etc.) _____
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(continue on next page)

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program? ( ) Yes ( ) No  
 If Yes, give details (date, place, offense(s) charged, disposition, etc.) \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages if necessary).

<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Summarize the type of work performed and job responsibilities.

From To Reason for Leaving

May we contact your previous employer for a reference? ( ) Yes ( ) No

<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Summarize the type of work performed and job responsibilities.

From To Reason for Leaving

May we contact your previous employer for a reference? ( ) Yes ( ) No

<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Summarize the type of work performed and job responsibilities.

From To Reason for Leaving

May we contact your previous employer for a reference? ( ) Yes ( ) No

<b>Company</b>		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Summarize the type of work performed and job responsibilities.

From To Reason for Leaving

May we contact your previous employer for a reference? ( ) Yes ( ) No

Did you work for any of these employers under a different name? ( ) Yes ( ) No

If yes, which employer(s) and under what name(s)? \_\_\_\_\_

Please explain any gaps in your employment history \_\_\_\_\_

Have you received any written reprimands or disciplinary suspensions during any previous employment?

( ) Yes ( ) No If Yes, please explain: \_\_\_\_\_

Have you ever been discharged or asked to resign ( ) Yes ( ) No If Yes, please explain: \_\_\_\_\_

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:


**REFERENCES**

*Please list three persons not related to you, whom you have known at least one year.*

<b>Full Name</b>	<b>Relationship</b>
Company	Phone
Address	

<b>Full Name</b>	<b>Relationship</b>
Company	Phone
Address	

<b>Full Name</b>	<b>Relationship</b>
Company	Phone
Address	

**Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?  
Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status

<b>Organization</b>	<b>Offices Held</b>

**List special accomplishments, publications, awards, etc.**


In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers: ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

**MILITARY RECORD:**

Were you in the U.S. Armed Forces? ( ) Yes ( ) No

If Yes, what Branch? \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to this office? \_\_\_\_\_

\_\_\_\_\_

**Employment in this office will require a copy of your DD-214**

**VETERAN'S PREFERENCE: (Complete this section only if you are claiming Veterans' Preference).**

**Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987 ( ) Yes ( ) No**

If yes, give name of employer: \_\_\_\_\_

If you claim Veterans' Preference, circle the type below. Attach copies of the required documents to your application to support your claim. (Documents will not be returned).

1. Veteran of a wartime era – Requires (A) DD214 or other document showing dates of service and type of discharge.
2. Disabled Veteran – Requires (A) and (B) letter of service connected disability from the V.A.
3. Veterans' Widow – Requires (A) and marriage and death certificates, and statement saying not remarried.
4. Disabled Veterans' Spouse – Requires (A) and (B), evidence of marriage to the veteran, a statement that the spouse is still married at the time of application, and proof that the disabled veteran cannot qualify for employment because of disability.
5. Permanently Disabled Veteran - Requires (A) indicating veteran is permanently disabled, or (A) and letter from V.A. indicating that the veteran is permanently disabled.
6. Receipt of any Armed Forces Expeditionary Medal – Requires (A) DD214

Veterans' Preference documentation must be submitted at the time of initial application. If any preference-eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference-eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is no given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

Note: Veterans' Preference pertains to all positions except the following:

1. Elected Officials.
2. Board and Commission Members.
3. Department Heads.
4. Personal secretary of each such office or appointee.
5. Temporary employee for the purpose of conducting special studies.
6. Positions filled internally by means of promotion, demotion or reassignment.

## BACKGROUND CHECK INFORMATION

### DRIVING RECORD:

Do you have a valid driver's license ( ) Yes ( ) No

What class of license do you possess? \_\_\_\_\_

List driver's license number and state? \_\_\_\_\_

Have you had a suspension or probation of your license within the last five (5) years? ( ) Yes ( ) No

How many speeding or other moving violations have you received in the last three (3) years? \_\_\_\_\_

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional page if necessary).

Date	Location	Description	Result

**In accordance with Florida Statute 119.07(5)(2)(b), applicants and employees are requested to provide Social Security numbers. These will be used for conducting background checks, payment of wages, reporting earnings to the Internal Revenue Service, Issuance of W-2 forms, filing of worker's compensation claims, health, life, dental, vision and long-term disability insurance applications, new hire reporting, submission of contributions to retirement funds, or any other official business purposes that may arise.**

# EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the office to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Citrus County Property Appraiser's Office all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Citrus County Property Appraiser's Office, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six month training period. I further understand that my employment is at the discretion of the Property Appraiser and compensation and employment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the Property Appraiser or myself. I understand that no supervisor or other representative of the Property Appraiser has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of work or my continued employment that I may be requested by the office to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for work, or if I am then working, may result in my immediate dismissal.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT CERTIFICATION.  
I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE.**

<b>Date</b>	<b>Signature of Applicant</b>