



Employment Application

Application must be complete and accurate. All statements made on this application are subject to verification. False statements are grounds for disqualification or termination of employment.

Indicate position you are applying for: _____

Name: _____

Last
First
Middle

Address: _____

Street Address
City
State/Zip Code

Telephone Number: _____ Email Address: _____

Do you have a valid Florida Driver's License? Yes No

Are you a U.S. Citizen? Yes No

If No, do you possess an I-151 Card, an I-551 Card, or an I-94 Card stamped "employment authorized?" Yes No

Have you ever been convicted of any violations of law other than non-criminal violations? Yes No

If Yes, explain. (Conviction will not necessarily disqualify an applicant)

EDUCATION

School	Name	Major/Minor	Graduated?	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK HISTORY

List below all previous employment. Begin with your present or most recent employer in block one and provide information on each consecutive previous employer. Also include volunteer work or hobbies in which the experience you gained is relevant to the position for which you are applying. Please be specific and give as much information as possible when describing your duties. Use additional sheets of paper if necessary.

Name of Present or Last Employer: _____	
Address: _____	Job Title: _____
Supervisor's Name: _____	Phone No: (____) _____
Dates Employed: (From) _____ (To) _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties: _____ _____ _____ _____	
Reason for Leaving: _____	Salary: \$ _____

Name of Previous Employer: _____	
Address: _____	Job Title: _____
Supervisor's Name: _____	Phone No: (____) _____
Dates Employed: (From) _____ (To) _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties: _____ _____ _____ _____	
Reason for Leaving: _____	Salary: \$ _____

Name of Previous Employer: _____

Address: _____ Job Title: _____

Supervisor's Name: _____ Phone No: (____) _____

Dates Employed: (From) _____ (To) _____ May we contact this employer? Yes No

Job Duties:

Reason for Leaving: _____ Salary: \$ _____

LICENSE(S) OR CERTIFICATION:

REFERENCES: List three (3) personal and/or professional references who are not relatives or former supervisors.

Name	Telephone Number	Years Known

VETERAN'S PREFERENCE

Check the appropriate block if you are claiming veterans' preference. Documentation substantiating your claim must be furnished at the time of application.

- As a veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension.
- As the spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
- As a veteran of any war who has served on active duty during a wartime era.
- As the un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you ever claimed veteran's preference and entered into covered employment by a covered employer since October 1, 1987? Yes No

If "Yes", Name of Employer: _____

DRIVER’S LICENSE POLICY REQUIREMENTS:

If the position for which you are applying requires the operation of a County vehicle in the course of job duties, you are required to possess and maintain a driving record that meets the County’s standards for insurance coverage. If you are offered this position, the offer of employment will be contingent upon you meeting the standards listed below. You must submit a copy of your State of Florida driving transcript upon employment. Inability to meet the following standards will prevent employment with our office:

Record must be free of the following violations in the past three (3) years:

- Suspended or revoked license
- Reckless Driving
- D.U.I. or D.W.I.
- Vehicular homicide
- Fleeing or attempting to elude police
- Drag racing
- Three or more accidents and/or violations

Record must have no more than one moving violation (parking, failure to renew, muffler, etc., will not be considered as a moving violation) in a one-year period.

DRUG-FREE WORKPLACE POLICY

It is the policy of the Leon County Property Appraiser’s Office that:

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance or alcohol is prohibited in the workplace of County government.

Each employee shall abide by this policy and agree to notify the County of any conviction of such employee for a violation of and Federal or State criminal drug statute occurring in the workplace within five (5) calendar days of conviction.

Sanctions to be taken against employees for violation of this policy shall result in appropriate personnel action, up to and including discharge and/or as an alternative, requiring employee participation in an approved drug abuse assistance or rehabilitation program. These actions shall be in accord with the Leon County Property Appraiser’s Rules and Regulations.

CERTIFICATION OF APPLICANT (PLEASE READ CAREFULLY)

I hereby certify that all statements made in this application and any attachments to it are true. I understand that any misstatement, misrepresentation, or omission of fact may be cause for my application not to be considered; or, if I have been employed, may be cause for immediate dismissal. I authorize the Property Appraiser’s office to verify information contained in this application and attachments. I further authorize anyone having such information to release it. I have no objection to having my record cleared through appropriate law enforcement agencies.

Signature of Applicant: _____

Date: _____