



# Employment Application

Submit completed application to: Doris Maloy, Tax Collector, P. O. Box 1835, Tallahassee, Florida 32302-1835 or submit it electronically to [WebTax@leoncountyfl.gov](mailto:WebTax@leoncountyfl.gov).

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Applicants under 18 years of age must provide proof of eligibility to work

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

Indicate the position you are applying for: \_\_\_\_\_

If space provided is inadequate, please use additional paper as necessary. Please furnish full name and address, including zip code, for former employers and references.

Name: (Print) \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street and Number City State Zip

Telephone: \_\_\_\_\_  
Home Work Mobile

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_  
Email Address

If information necessary to process this application is located under a different name, please include such name(s) in the space provided: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

If you answered **No**...Do you possess a 1-1 51 Card\*, a 1-1 551 Card\* or a 1-94 Card\* that has been stamped *Employment Authorized*? Please attach a copy of your *Employment Authorization* card.  Yes  No

Do you have any relatives working for Leon County Tax Collector?  Yes  No

Are you currently employed?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Do you require special physical accommodations?  Yes  No

Can you travel if job requires it?  Yes  No

Have you ever been bonded?  Yes  No

Have you ever been convicted or pled nolo contendere to any violation of law?  Yes  No

If "Yes", what charges? \_\_\_\_\_

Have you ever been convicted of a misdemeanor?  Yes  No

If "Yes", what charges? \_\_\_\_\_

Have you ever had adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?  Yes  No

If "Yes", what charges? \_\_\_\_\_

**EDUCATION AND TRAINING**

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

Are you able to speak, read and/or write any foreign language?  Yes  No

If yes, indicate language and proficiency. \_\_\_\_\_

**List professional, trade, business or civic activities and offices held.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIALIZED SKILLS Check Skills/Equipment Operated /Certifications**

- Calculator
  - FAX
  - Internet Explorer
  - Microsoft Office
  - High Speed Remittance Processor
  - FormDocs
  - Adobe
- List (PC) Software you are familiar with:

Certification/Other (list)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK RECORD**

List below all previous employment. Begin with your **Present Position** and work back. Also include volunteer work or hobbies in which experience you gained is particular to the position you are applying for. Please be specific and give as much information as possible when you describe the duties of previous **RELEVANT** jobs.

Job Title \_\_\_\_\_ Specific Duties \_\_\_\_\_  
 Company \_\_\_\_\_  
 City/State \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Dates Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_  
 Hours Worked Per Week \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

May we contact employer?  Yes  No

Job Title \_\_\_\_\_ Specific Duties \_\_\_\_\_  
 Company \_\_\_\_\_  
 City/State \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Dates Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

May we contact employer?

Yes

No

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Job Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 City/State \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_

Specific Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_  
 Hours Worked Per Week \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

May we contact employer?  Yes  No

Job Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 City/State \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Dates Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_  
 Hours Worked Per Week \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Specific Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact employer?  Yes  No

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

Name	Address	Occupation	Phone	Years Acquainted

**VETERANS' 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 unmarried widow or widower of a veteran who died of a service-connected disability.

\_\_\_\_\_ Branch of Service                      \_\_\_\_\_ Date of Entry                      \_\_\_\_\_ Date of Honorable Discharge

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

If "Yes", Name of Employer \_\_\_\_\_

**DRUG FREE WORKPLACE POLICY**

It is the policy of the Leon County Tax Collector that:

- The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance or alcohol is prohibited in the workplace.
- Each employee shall abide by this policy and agree to notify the Tax Collector of any conviction for a violation of Federal or State criminal drug statute occurring in the workplace within five (5) calendar days of the conviction.
- Sanctions to be taken against any employee for the 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 accordance with the Leon County Tax Collector Rules and Regulations.

**CERTIFICATE 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 cause my application not to be considered; or, if I have been employed, may cause my immediate dismissal. I authorize the Leon County Tax Collector 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 and credit bureaus.

I understand I must satisfactorily pass a drug test and background check. If the drug test or background check come back to the Tax Collector and is not satisfactory even after my start date, the Tax Collector has the right to terminate my employment.

This application for employment shall be considered active for a period of time not to exceed 90 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. Also, I understand that I am required to abide by the rules and regulations of the Leon County Tax Collector.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



## EQUAL OPPORTUNITY APPLICANT SURVEY

Please note that the survey is anonymous, you are not required to provide your name or any other information which would specifically identify the applicant. Your cooperation would be greatly appreciated.

Today's date: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Sex:  Male  Female Date of Birth (MM/DD/YY) \_\_\_\_\_

- Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area included Japan, China, Korea, Samoa, India, and the Philippines.
- Black (not Hispanic origin):** A person having origins in any of the racial groups of Africa.
- White (not Hispanic origin):** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition

Do you have a disability?  Yes  No

Nature of Disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about the job? (check one)

- Tallahassee Democrat  Walk-in  Call-In
- Job Line  County Employee  Friend
- Web  Other \_\_\_\_\_