



Employment Application

Submit completed application to: Doris Maloy, Tax Collector, P. O. Box 1835, Tallahassee, Florida 32302-1835

Important: Applications should be typed; if hand written, please print clearly and legibly--using black or dark blue ink. **A separate application is required for each position being applied for.** A photocopy of an application is acceptable, however, it must be signed and dated in ink.

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

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.

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

- | | |
|--|--|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> High Speed Remittance Processor |
| <input type="checkbox"/> FAX | <input type="checkbox"/> FormDocs |
| <input type="checkbox"/> Internet Explorer | <input type="checkbox"/> Adobe |
| <input type="checkbox"/> Microsoft Office | 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 _____
 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

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

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

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 _____