

**APPLICATION FOR EMPLOYMENT
MARION COUNTY
TAX COLLECTOR'S OFFICE**

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.

Date: _____

Are you 18 Years or Older

[] Yes [] No

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone No: _____ Referred by: _____

Related to anyone who works for this office, state name, department and location: _____

EMPLOYMENT DESIRED

<u>Position:</u>	<u>Date You Can Start</u>	<u>Salary Desired</u>
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Are you employed now? If so, may we inquire of your present employer? _____

Ever applied to this office before? Where? When? _____

Are there any days, shifts or hours you will not work?
If yes, explain: _____

EDUCATION	Name and <u>Location of School</u>	Degree/Dates <u>Certificate</u>	Subjects <u>Studied</u>	Grade <u>Average</u>
Grade School(s)	_____			
High School	_____			
College	_____			
Trade, Business, or Correspondence School	_____			
Other (including Graduate School	_____			

Within the past seven (7) years:

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.) _____

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).

MOST RECENT EMPLOYER:

Employer Name: _____

Employer Address: _____

Phone Number: _____ Date From: _____ Date To: _____

Job Duties: _____

Salary: _____ Reason for Leaving: _____

EMPLOYER TWO:

Employer Name: _____

Employer Address: _____

Phone Number: _____ Date From: _____ Date To: _____

Job Duties: _____

Salary: _____ Reason for Leaving: _____

EMPLOYER THREE:

Employer Name: _____

Employer Address: _____

Phone Number: _____ Date From: _____ Date To: _____

Job Duties: _____

Salary: _____ Reason for Leaving: _____

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 (include by whom, when and for what). Attach separate page if necessary: _____

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

REFERENCE ONE:

Name: _____

Address: _____

Business: _____

Acquainted: _____

REFERENCE TWO:

Name: _____

Address: _____

Business: _____

Acquainted: _____

REFERENCE THREE:

Name: _____

Address: _____

Business: _____

Acquainted: _____

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.

VETERANS' 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, check 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 not 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).

INCIDENT ONE:

Date: _____

Location: _____

Description: _____

Result: _____

INCIDENT TWO:

Date: _____

Location: _____

Description: _____

Result: _____

INCIDENT THREE:

Date: _____

Location: _____

Description: _____

Result: _____

SOCIAL SECURITY NO. _____

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.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a review of publicly available information concerning my driving record and/or a medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a one (1) year probationary period. I further understand that my employment is at the discretion of the Marion County Tax Collector 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 Marion County Tax Collector or myself. I understand that no supervisor or other representative of the Marion County Tax Collector 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.

I certify that I have read, understand and agree with the above.

DATE

SIGNATURE OF APPLICANT

MARION COUNTY TAX COLLECTOR
NON-TOBACCO USE AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of tobacco products for at least six (6) months immediately preceding my application for employment; and I also affirm that I will maintain my non-use of tobacco products for the duration of my employment with the Marion County Tax Collector's office, if I am hired. Violation of this policy may result in your immediate termination.

DATED and SIGNED this _____ day of _____ 20__.

Signature of Applicant

Printed Name of Applicant

Revised 09/23/2019