

APPLICATION FOR APPOINTMENT

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.

LEVY COUNTY TAX COLLECTOR

Date: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Are you 21 years or older  Yes  No

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State

Permanent Address: \_\_\_\_\_  
Street City State

Phone No: \_\_\_\_\_ Referred by: \_\_\_\_\_

Related to anyone who works for this Tax Collector, State Name, Department and Location:

APPOINTMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to this Tax Collector before? \_\_\_\_\_  
Where? \_\_\_\_\_ When? \_\_\_\_\_

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

EDUCATION	Name and Location of School	Degree/Dates Certificate	Subjects Studies	Grade Average
Grammar School	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business, or Correspondence School	_____	_____	_____	_____
Other (including Graduate School)	_____	_____	_____	_____

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), 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).

DATE MONTH & YEAR	NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER	POSITION AND JOB DUTIES	SALARY	REASON FOR LEAVING
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From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

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:

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

**DRIVING RECORD:**

Do you have 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

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

NAME	ADDRESS	BUSINESS	ACQUAINTED
1. _____			
2. _____			
3. _____			

**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.

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**VETERANS' PREFERENCE:**

Do you claim veterans' preference?  Yes  No

(CHAPTER 295, Florida Statutes, excludes non-disabled, retired military persons from veterans' preference points)

- A) Based on Active duty during wartime or Vietnam era?  Yes
- B) As a veteran with a compensable service-connected disability?  Yes
- \*C) As the unremarried spouse of a veteran who was killed in action or who died of a service-connected disability?  Yes
- \*D) As the spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a person missing in action, captured, or forcibly detained by a foreign power?  Yes
- E) Have you used a veterans' preference at any time?  Yes

\*You must submit current documentation of your veterans' preference status. Please attach a copy of this verification to this application.

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Branch	Date of Entry	Date of Honorable Discharge
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## APPOINTMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this appointment 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.

1. I hereby authorize the Tax Collector 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 Tax Collector 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 Tax Collector, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered appointment, 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 ninety (90) day training period. I further understand that my appointment is at the discretion of the Tax Collector and compensation and appointment 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 Tax Collector or myself. I understand that no supervisor or other representative of the Tax Collector has any authority to enter into any agreement for appointment 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 appointment that I may be requested by the Tax Collector 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.

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Date

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Signature of Applicant