



*Michele Langford, C.F.C*  
Levy County Tax Collector

**OFFICE USE ONLY**

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

- Application Signed
- Background Auth.Signed

**Employment Application**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills and Qualifications**

Please summarize any job-related training, skill, license, certificates and or other qualifications.

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

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### Applicant Acknowledgement

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable local, state, or federal law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the American's with Disabilities Act.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination if I am employed, whenever it may be discovered. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

I understand that this form and the information contained herein is a public record and will be maintained at the Levy County Tax Collector's Office.

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

## Veterans Preference

Complete the following fields and check the appropriate selection if you are claiming veteran's preference.

Date of Entry: Date of Discharge: Branch of Service:

- A Veteran who has served on active duty in any branch of the U.S. Armed Forces, has received honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the U.S. Department of Veterans Affairs. **REQUIRED DOCUMENTS:** Must furnish a DD-214 listing military status, dates of service, and Character of Discharge. Disabled Veterans shall also furnish a document from the DOD or DVA certifying the service-connected disability and the rating.
- A Veteran who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans Affairs and U.S. DOD. **REQUIRED DOCUMENTS:** Must furnish a DD-214 listing military status, dates of service, and Character of Discharge. Disabled Veterans shall also furnish a document from the DOD or DVA certifying the service-connected disability and the rating.
- The spouse of a person who has total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power. **REQUIRED DOCUMENTS:** Must furnish DVA certification of total and permanent disability or ID card indicating such. Must also furnish marriage certificate and a statement indicating that the spouse is still married to the Veteran at the time of application. Spouse shall also submit proof that the disabled Veteran cannot qualify for employment because of the service-connected disability.
- A Veteran of any war as defined by Florida Statute subsection 1.01(14). To be eligible for Veterans Preference as a veteran, an applicant must have served at least one day during a wartime period. Active Duty for Training may not be allowed for eligibility under this paragraph. \*\* See Below for Authorized Campaign Periods. **REQUIRED DOCUMENTS:** Must furnish a DD-214 listing military status, dates of service and Character of Discharge. DD-214 must indicate the qualifying campaign or expedition medal was authorized. \*\* See Below for Authorized Wartime Periods
- The un-remarried widow or widower of a Veteran who died of a service-connected disability. **REQUIRED DOCUMENTS:** Spouse shall furnish a document from the DOD showing the death while on active duty status under combat-related conditions or the DVA certifying the service-connected death, and spouse shall further furnish evidence of marriage.
- The mother, father, legal guardian, or un-remarried widow or widower of a member of the U.S. Armed Forces who died in the line of duty under combat-related conditions, as verified by the U.S. Department of Defense. **REQUIRED DOCUMENTS:** Shall furnish a document from the DOD showing the death while on active duty status under combat-related conditions or the DVA certifying the service-connected death and shall further furnish evidence of parental status or guardianship.
- A Veteran as defined in Florida Statute 1.01(14). Active Duty for training may not be allowed for eligibility under this paragraph. **REQUIRED DOCUMENTS:** Must furnish a DD-214 listing military status, dates of service and Character of Discharge.
- A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard. **REQUIRED DOCUMENTS:** A letter from Commanding Officer establishing dates of service is required.

**\*\*Authorized wartime periods:**

World War II 12/7/41 - 12/31/46

Korean War 6/27/50 - 1/31/55

Vietnam War 2/28/61 - 5/7/75

Persian Gulf 8/2/90 - 1/2/92

Operation Enduring Freedom 10/7/01 –

TBD Operation Iraqi Freedom 3/19/03 - TBD

Note: Under Florida law preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 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, a complaint may be filed at any time. Florida Statute 1.01(14) Veterans Preference applies to all positions except those described in Florida Statute 295.07(4)(a).

## Background Check and Authorization

### **NOTICE TO APPLICANT OF INTENT TO OBTAIN BACKGROUND INFORMATION AND CERTIFICATION OF ACCURACY OF APPLICATION AND/OR RESUME**

#### **Background Check Authorization**

The requested information is confidential and will be maintained separately from the employment application form.

Your signature below certifies the accuracy of statements and facts as provided by you. Failure to complete the entire application, any misrepresentation, false or incomplete information or omission of facts requested is cause for rejection of the application or dismissal from employment.

In connection with your application for employment, we would like to procure certain background information concerning you which may contain information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, driving record, insurability and/or criminal background.

Before we may procure this information, you must authorize such procurement in writing. You have the right to decline authorization for us to procure this information. However, we will not consider you for employment if you so decline. Please read the release carefully before signing and indicating your choice of disclosure.

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes.

#### **RELEASE TO PROCURE BACKGROUND INFORMATION**

I have read the Notice to Applicant of Intent to Obtain Background Information. I understand this may contain information concerning my credit worthiness, credit standing, general reputation, personal characteristics, mode of living, driving record, insurability and/or criminal background. I understand that I have the right to decline authorization for the Levy County Tax Collector's office to procure this information concerning me.

#### **Understanding these rights,**

I authorize Levy County Tax Collector's Office to procure this information or

I do not authorize Levy County Tax Collector's Office to procure this information.

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

Address: \_\_\_\_\_  
City State Zip

Driver License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_:

Birthplace (state and country): \_\_\_\_\_ Sex: Male or Female (please Circle one)

Ethnic Group:  American Indian/Alaskan  Asian/Pacific Islander  Black  Hispanic  White

#### **List all other names you have previously used:**

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

My signature certifies that the above is true, correct, and complete. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about me from law enforcement agencies, other individuals, and organizations to authorized Department of Highway Safety and Motor Vehicles and Levy County Tax Collector. This consent shall continue to be effective during my employment. I understand that this form is a public record document that will be maintained at the Citrus County Tax Collector's Office.

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