

DRIVING RECORD

Do you have a valid driver's license? _____ Yes _____ No

What class of license do you have? _____

List driver's license number and state _____

Have you had a suspension or probation of your license within the last five (5) years? _____ No _____ Yes

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been bonded? _____ Yes _____ No

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken in account.

Within the past seven (7) years:

Have you ever been convicted of, or pled guilty, no contest or 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) charges, disposition, etc.) _____

EMPLOYMENT HISTORY Starting with your most recent employer, provide the following information.

Employer Telephone #

Street Address City State Zip Code

Starting job title/final job title

Immediate supervisor and title (for most recent position held)
May we contact for reference? ____ Yes ____ No ____ Later

Why did you leave?

Summarize the type of work performed and job responsibilities

Date Employed: Month / Year Month / Year

Compensation (Starting)

____ Hourly ____ salary \$ per

Commission/Bonus/Other Compensation per

Compensation (Final)

____ Hourly ____ Salary \$ per

Commission/Bonus/Other Compensation

What did you like most about your position?

What were the things you liked least about the position?

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Compensation (Final)

____ Hourly ____ Salary \$ per

Commission/Bonus/Other Compensation

Employment History Continued

Summarize the type of work performed and job responsibilities _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

Did you work for any of these employers under a different name? ____ Yes ____ No

If yes, which employer (s) and under what name (s)? _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? ____ Yes ____ No

If yes, please explain _____

Have you received any written reprimands or disciplinary suspensions during any previous employment? ____ Yes ____ No

If yes please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____

Computer Skills (Check appropriate selection (s). Include software titles and years of experience.)

____ **Word Processing** _____ **Years:** ____ ____ **Internet** _____ **Years:** ____

____ **Spreadsheet** _____ **Years:** ____ ____ **Other** _____ **Years:** ____

____ **Presentation** _____ **Years:** ____ ____ **Other** _____ **Years:** ____

____ **E-mail** _____ **Years:** ____ ____ **Other** _____ **Years:** ____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship To You	Telephone	Number of Years Known

Military Record

Where 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 of 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.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Office Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

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.

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

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry. If then employed, I understand that I will be required to serve a ninety (90) day training period. I further understand that my employment is at the discretion of the Charlotte 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 Tax Collector or myself. I understand that no supervisor or other representative of the Charlotte 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, upon reasonable suspicion, I may be requested by the Charlotte County 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.

Date

Signature of Applicant

**AFFIRMATIVE ACTION
For Statistical Use Only**

Completion of this form is voluntary. This data will not be kept with the application form, nor used in the decision to hire or not to hire. Return this with your employment application.

Name _____ Date of Application _____

Mailing Address _____

Phone Number _____ Date of Birth _____

Social Security Number _____ Position Applied For _____

_____ White

Sex _____ M _____ F

_____ Black

Handicapped _____ Yes _____ No

_____ Spanish Surname

Veteran _____ Yes _____ No

_____ Asian/Pacific Islander

_____ American Indian/Alaskan Native

Referral Source

_____ County Job Announcement

_____ Newspaper Ad

_____ County Employee

_____ Radio/TV Announcement

_____ Walk-in/Came in on my own

_____ FL State Employment

_____ Correspondence

_____ Other: _____