



Citrus County Tax Collector's Office Application for Employment



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. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Cell #: _____

Social Security #: _____

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.

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Are you related to any employee of this organization? _____ Yes _____ No

If yes, name of the employee and relation: _____

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employment History (continued)

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

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.

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 of employment if I am employed, whenever it may be discovered.

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 federal or state 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 ADA.

I also 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 represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

Veterans' Preference

YOU MUST SUBMIT A COPY OF YOUR DD-214 AND OTHER RELEVANT DOCUMENTS CONCERNING ELIGIBILITY. PREFERENCE WILL BE AWARDED ONLY IF YOU SUBMIT WITH YOUR APPLICATION A COPY OF YOUR DD-214, DISCHARGE CERTIFICATE AND/OR PROOF OF RATING THAT IS LESS THAN ONE YEAR OLD OF A SERVICE CONNECTED DISABILITY.

CHECK THE APPROPRIATE BLOCK IF YOU ARE CLAIMING VETERANS' PREFERENCE:

- 1. A Veteran with a compensable service-connected disability who is eligible for receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense.
- 2. 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, or interned in line of duty by a foreign government or power.
- 3. A veteran of any war who served in the active military, naval or air service and who was discharged or released there from under honorable conditions only or who later received an upgraded discharge under honorable condition, notwithstanding any action by the United States Department of Veterans' Affairs on individuals discharged or released with other than honorable discharges. Active duty for training while in the Reserves or National Guard is not allowable.
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

Branch of Service	Entry Date	Discharge Date	Type of Discharge
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Have you been employed by a city, county or state agency in the State of Florida? Yes No
If **YES**, give name of Employer: _____

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 veterans' 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 1437, St. Petersburg, FL 33731. A complaint must 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.

To receive benefits as a wartime veteran, a veteran must have served during one of the following periods of wartime service:

World War II:	Dec. 7, 1941 to Dec. 31, 1946
Korean Conflict:	June 27, 1950 to Jan. 31, 1955
Vietnam Era:	Feb. 28, 1961 to May 7, 1975
Persian Gulf War:	Aug 2, 1990 and ending on a date yet to be set by presidential proclamation or by law.

The applicant must have served at least 1 day during a wartime period excluding Active Duty for training to be eligible for Veterans' preference.

Background Check

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

(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. This information will be obtained only after a preliminary offer of employment is made.

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.

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 Citrus County Tax Collector's office to procure this information concerning me.

Understanding these rights, ___ I authorize Citrus County Tax Collector's office to procure this information.

___ I do not authorize Citrus County Tax Collector's office to procure this information.

Name: _____, _____
Last First Middle (Maiden)

Address: _____

_____ City State Zip Code

Driver License Number: _____ State: _____

Expiration Date: _____ D.O.B.: _____

Social Security Number: _____ - _____ - _____ Sex: Male _____ Female _____

Ethnic Group: ___ white ___ black ___ Hispanic ___ Asian/pacific islander
___ American Indian/Alaskan Native

Birthplace: _____
(state and county)

List all other names you have previously used:

Signature _____ Date _____

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 personnel and my employer. This consent shall continue to be effective during my employment. I understand that this form is a public record document and will be maintained at the Division of Motor Vehicles and the Citrus County Tax Collector's office.