

APPLICATION FOR EMPLOYMENT

SUWANNEE COUNTY TAX COLLECTORS 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.

Please Print

Last Name	First Name	Middle Initial	Social Security Number
Address		City	State Zip
Phone Number	Position Applied For	Salary	Date

- Are you 18 years of age or older? YES ___ NO ___
- Have you ever filed an application with this office before? YES ___ NO ___
- Have you ever worked for this office before? YES ___ NO ___
- Are you currently employed? YES ___ NO ___
- May we contact your present employer? YES ___ NO ___
- Are you related to anyone who works for this office? YES ___ NO ___
- If yes, state Name, Department and Location. _____
- How were you referred to this office? Please explain. _____

- On what date would you be available to start work? _____
- Are you available to work: Full Time ___ Part Time ___ Temporary ___ Permanent ___
- Are there any days, shifts, or hours you can not work? YES ___ NO ___
- If yes, please explain. _____

- Have you ever been convicted of , or pled guilty to, no contest or nolo contendere to a crime? YES ___ NO ___
- If yes, Give details, date, place, offense(s) charged, disposition, etc.: _____
- Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered probation, had adjudication withheld, or entered a pre-trial intervention program? YES ___ NO ___
- If yes, Give details, date, place, offense(s) charged, disposition, etc.: _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Summarize special job-related skills and qualifications acquired from employment or other experiences.

REFERENCES:

NAME	ADDRESS	PHONE	OCUPATION	YRS ACQ.
1.				
2.				
3.				

EMPLOYMENT EXPERIENCE

(attach additional sheet if needed)

Employer		Dates	Employed	Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly	Salary	
		Starting	Final	
Job Title	Supervisor			Reason for Leaving
Employer		Dates	Employed	Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly	Salary	
		Starting	Final	
Job Title	Supervisor			Reason for Leaving
Employer		Dates	Employed	Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly	Salary	
		Starting	Final	
Job Title	Supervisor			Reason for Leaving
Employer		Dates	Employed	Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly	Salary	
		Starting	Final	
Job Title	Supervisor			Reason for Leaving

- Did you work for any of these employers under a different name? YES ___ NO ___
- If yes, which employer, and under what name?

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- Have you received any written reprimands or disciplinary suspensions during any previous employment? YES ___ NO ___
 - If yes, please explain.

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- Have you ever been discharged or asked to resign? YES ___ NO ___
 - If yes, please explain.

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- Please explain any gaps in your employment history. (Attach an additional sheet if needed.) _____

DRIVING RECORD (complete only if probability of driving a county vehicle or county business exists for the position in which you are applying) :

- Do you have a valid driver's license? YES ___ NO ___
- What class of license do you possess? Class _____
- Have you had a suspension or probation of your license within the last five years (5)? YES ___ NO ___
- Have you had any speeding or other moving violations in the last three (3) years? YES ___ NO ___
- 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.

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 appointed may result in my dismissal.

I hereby authorize Suwannee County Tax Collector ("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 appointment 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 an appointment, I understand that such offer will be conditioned upon satisfactory results of a background investigation and /or Tax Collector medical examination or inquiry, including a drug screen test. If then appointed, I understand that I will be required to serve ninety (90) day training period. I further understand that my appointment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Tax Collector's Office or myself. I understand that no supervisor or other representative of the Tax Collector other than 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 appointment or my continued appointment that I may be requested by the Tax Collector to submit to an urinalysis or other drug 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 appointment, or if I am then appointed, may result in my immediate dismissal.

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

DATE

SIGNATURE OF APPLICANT

