

# JEFFERSON COUNTY

## Employment Application Form

### Notice to Applicant

This application is for the Jefferson County Board of County Commissioners. The Schools, Sheriff, Clerk of Court, Supervisor of Elections, the Tax Collector and the Property Appraiser each have their own applications.

Application for current vacancies is made by completion and submittal of a employment application prior to the advertised deadline. The application must be completely filled out. You may attach a resume but it cannot be accepted in place of the completed application.

A separate application is required for each position for which you apply. No other application form is acceptable.

#### *Driver's license policy requirements*

If the position which you are applying requires the operation of a County vehicle or road maintenance equipment, you are required to possess and maintain a driving record that meets the County's standards for insurance coverage. If you are offered this position, this offer of employment is contingent upon your meeting the standards listed below. You must submit a copy of your State of Florida driving transcript upon employment. Inability to meet the following standards will prevent your employment:

- A. Record must be free of the following violations in the past three (3) years:
  - Suspended or revoked license
  - D.U.I or D.W.I.
  - Fleeing or attempting to elude police
  - Three or more accidents and/or violations
  - Reckless driving
  - Vehicular homicide
  - Drag racing
- B. Record must have no more than one moving violation (parking, muffler, etc. will not be considered as a moving violation) in a year period.

#### *Drug Free Workplace Policy*

1. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance or alcohol is prohibited in the workplace of County Government.
2. Sanctions to be taken against employees for violation of this policy shall result in appropriate personnel action, up to and including discharge and/ or as an alternative, requiring employee participation in an approved drug abuse assistance or rehabilitation program. These actions shall be in accordance with the Jefferson County Personnel Policy.

***This page is for your information!***

# Jefferson County

## EMPLOYMENT APPLICATION FORM

Jefferson County is an Equal Employment Employer. We consider applicants for all positions without regards to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

DATE \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

### Instructions

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

### PERSONAL HISTORY

1. Full Name:

\_\_\_\_\_  
LAST NAME                                      FIRST                                      MIDDLE                                      ABBV.

\_\_\_\_\_  
RESIDENCE ADDRESS

\_\_\_\_\_  
CITY                                      COUNTY                                      STATE                                      ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER (HOME)                                      (OTHER)

2. Other: list all other names you have used including circumstances and time periods you used them.  
(For example: former name(s), alias(es), or nickname(s).)

NAME	CIRCUMSTANCE	DATES FROM MO./TR.	DATES TO MO./YR.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. If you are under 18 years of age, can you provide required proof of your eligibility to work?  
 Yes  No
4. Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_
5. If you are not a U.S. Citizen do you possess an I-151 Card, an I-1551, or an I-94 Card stamped "employment authorized"  Yes  No
6. Can you travel if your job requires it?  Yes  No
7. Have you ever filed an application with the County before?  Yes  No
8. Have you ever been employed by the County before?  Yes  No

## EDUCATION / TRAINING

1. High School & Address	Date Started	Date Stopped	Years Completed	Did you Graduate?	Type of diploma

2. * College / University & Address	Date Started	Date Stopped	Credit Hrs. Earned	Graduate?	Degree or Certificate

\*Attach diploma or transcript from last institution of higher education attended.

Major \_\_\_\_\_ Minor \_\_\_\_\_

3. Other Schools (Trade, Vocational Business or Military):

Name & Address	Dates attended	Area of Study	Credit Hrs. Earned	Graduate?	Degree or Certificate

4. Describe any awards, honors, citations, positions held in school or since.

\_\_\_\_\_

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5. Foreign languages: Speak \_\_\_\_\_ \_\_\_ Fluent \_\_\_ Good \_\_\_ Fair  
Read \_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_  
Write \_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_

6. Indicate any type of special licenses (pilot, radio operator, etc).

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7. If you received a certificate or license for this training, indicate where license issued and date of expiration.

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Certificate / License No.: \_\_\_\_\_

8. Describe any word processing or computer skills and list all software used:

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9. State approximate number of words per minute: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_

10. Indicate any special skills you possess and equipment you can use which may be related to the job you are applying for:

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11. May we contact your present employer? \_\_\_ Yes \_\_\_ No

12. On what date are you available for work? \_\_\_\_\_

13. Are you available to work \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Shift Work \_\_\_ Nights or Weekend

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## EMPLOYMENT HISTORY

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1. List chronologically all employment beginning with present employment, including part-time employment. All time should be accounted for. If unemployed for a period give dates.

Name & Address of Employer	Dates Worked	Salary	Title or Position	Name of Supervisor	Reason for leaving
Name _____ Address _____ City, State, Zip _____ Phone _____			___ Full ___ Part-time		
Name _____ Address _____ City, State, Zip _____ Phone _____			___ Full ___ Part-time		
Name _____ Address _____ City, State, Zip _____ Phone _____			___ Full ___ Part-time		
Name _____ Address _____ City, State, Zip _____ Phone _____			___ Full ___ Part-time		
Name _____ Address _____ City, State, Zip _____ Phone _____			___ Full ___ Part-time		

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? \_\_\_ Yes \_\_\_ No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? \_\_\_ Yes \_\_\_ No If yes to #2 or #3, please provide details.

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4. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? \_\_\_ Yes \_\_\_ No

5. Does this business do business with the County or Sheriffs Office? \_\_\_ Yes \_\_\_ No If yes to questions #4 or #5, Please provide name and address of business, corporation or organization and describe your relationship or position.

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## RESIDENCES

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1. Actual places of residences for the past three (3) years - list chronologically

Dates: from	To	Apt. No.	Street Address	City	County	State

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## ARREST HISTORY / COURT DATA

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1. Have you ever been convicted of a felony?  Yes  No

If Yes give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## DRIVING HISTORY

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**Answer if you will be required to operate a vehicle as part of your job.**

1. Are you a licensed Florida automobile operator or chauffeur?  Yes  No License

No. \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Restrictions: \_\_\_\_\_

2. Do you hold or have ever held an operator or chauffeur license in another state?  Yes  No

If yes, please provide state(s), name used and approximate dates license(s) was/were held. \_\_\_\_\_

3. Have you received during the past five (5) years a ticket or been charged with a traffic violation?

Yes  No

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes  No  If yes to #2, #3, or #4, please provide complete details including why license was revoked or the disposition of the charge.

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## MILITARY HISTORY

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1. Have you ever served In the Armed Forces of the United States?  Yes  no

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Active Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

2. Date of discharge: \_\_\_\_\_

3. Are you now or have you ever been a member of a reserve unit or the National Guard? \_\_\_ Yes \_\_\_ No

4. If yes state branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

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

5. Was any type of disciplinary action taken against you in the service? \_\_\_ Yes \_\_\_ No

If yes, Date \_\_\_\_\_ Place \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

6. Are you designated as disabled because of military service? \_\_\_ Yes \_\_\_ No

**VETERANS, PREFERENCE:** Check the appropriate block if you are claiming veterans' preference.

*Documentation substantiating your claim must be furnished at the time of application*

\_\_\_ a. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by U.S. Veteran's Administration or the Department of Defense, or

\_\_\_ b. 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 by a foreign power, or

\_\_\_ c. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or

\_\_\_ d. The unmarried widow of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran's preference since October 1, 1987? \_\_\_ Yes \_\_\_ No

If yes give name of employer: \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included a. and b. above, and second to those persons included in c. and d. above. If an applicant claiming veteran's preference for a Vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL. 33731

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## PERSONAL REFERENCES & ACQUAINTANCES

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Give three (3) references (not relatives, former or present employers, fellow employees or school teachers) who have known you well for the past three (3) years

Complete Name: _____  Years Acq. _____ Occupation: _____	Home Address: _____ City & State: _____ Home Phone: _____ Business Address: _____ City & State: _____ Business Phone: _____
Complete Name: _____  Years Acq. _____ Occupation: _____	Home Address: _____ City & State: _____ Home Phone: _____ Business Address: _____ City & State: _____ Business Phone: _____
Complete Name: _____  Years Acq. _____ Occupation: _____	Home Address: _____ City & State: _____ Home Phone: _____ Business Address: _____ City & State: _____ Business Phone: _____

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## ORGANIZATION MEMBERSHIP

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List all professional, trade business, or civil activities and offices held:

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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## APPLICANT'S CERTIFICATION

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I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the County job. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph elimination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I may be fingerprinted. I understand that this employment application shall become the property of the County and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment will be contingent upon the results of a completed drug test.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

I understand and agree that any employment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the County has absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I understand that unless otherwise defined by applicable law, any employment relationship with the County is “at will”, which means that the employer may discharge me at any time with or without cause and that this “at will” relationship may not be changed unless authorized in writing from the County.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the County and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the County.

I agree to conform to the rules, regulations and orders of the County and acknowledge that these rules , regulations and orders may be changed, interpreted, withdrawn or added to by the County, at its discretion, at any time without any prior notice to me.

\_\_\_\_\_  
Signature of the applicant as usually written

\_\_\_\_\_  
Date

Witnessed by:

\_\_\_\_\_

This form must be filled out if you are offered a job!

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**PERSONAL INQUIRY WAIVER**  
*Authority for release of information*

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*Authority for release of information*

To: Concerned Person or AUTHPLICANT'S NAME: \_\_\_\_\_  
Authorized Representative of  
Any Organization, Institution DATE OF BIRTH: \_\_\_\_\_  
Or Repository of Records  
SOCIAL SECURITY NO.: \_\_\_\_\_

I respectfully request and authorize you to furnish Jefferson County and any and all information that you may have concerning my work record, school record, military record, driving record, reputation, and financial and credit status. (Financial and credit status will only be asked for if you are offered a job that gives you access to cash or the transferring of funds) Please include any and all reports including all information of a confidential or privilege nature, and photostats of same, if requested. This information is to be used to assist in my qualifications and fitness for the position I am seeking with the County.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

**AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Subscribed and sworn to ( or affirmed) before me on \_\_\_\_\_ (date) by \_\_\_\_\_

(name of affiant). He/She is personally known to me or has presented \_\_\_\_\_  
(type of identification) as indicated.

(Seal) Signature \_\_\_\_\_

Name \_\_\_\_\_ Commission No: \_\_\_\_\_

Title \_\_\_\_\_ Expires: \_\_\_\_\_