

1101 E. First Street Sanford, FL 32771 (407)-665-7506

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Administrative Department.

Name	First Middle
Address	
Street	City State Zip Code
Telephone # () Other Phone # ()	E-mail Address
Position(s) applied for	
Referral Source (Please check the appropriate category and nat	ne the source.)
Walk-in	_ School
Employee Advertisement	
	Staffing Agency Government
Company's Website	
Other Internet	Other
If necessary, best time to call you at home is: am/p	
May we contact you at work?	
If yes, work number and best time to call:	requirements of the position?
()am/p	•
If you are under 18 and it is required, can you furnish a work permit?	If no, please explain
If no, please explain:	Driver's license number if driving may be required in the position
ii no, picase explain.	for which you are applying:
Have you submitted an application here before? Yes	
If yes, give date(s) and position(s)	
	Answering "yes" to either of the following questions does not constitute an automatic bar to
Have you ever been employed here before? Yes N	<i>employment. Factors such as date of the offense, seriousness and nature of the violation,</i> <i>Rehabilitation and position applied for will be taken into account.</i>
If yes, give dates: From To	Have you ever pled "guilty" or "no contest" to,
Are you legally eligible for employment	or been convicted of a felony or first degree misdemeanor?
The year legany englote for employment	$\Box \text{ Yes } \Box \text{ No}$
in this country?	No If yes, please provide the following information: date/dates of
Date Available for work:	_ conviction(s), penalty/penalties imposed, and type(s) of crime(s).
What is your desired salary range or hourly rate of pay?	
\$ Per	Have you ever been a defendant in a civil action for an
	intentional tort (e.g., a civil charge for assault, battery,
Type of employment desired: 🗌 Full-Time 🗌 Part-Time	intentional infliction of emotional distress, false
Educational Co-Op Seasonal Temporary	imprisonment, wrongful death, etc.)?
	matter (how it was resolved).
Will you relocate if job requires it?	No
Will you travel if job requires it?	No

Employment History				
Starting with your most recent employer, provided the information	de the following information. If you	wish to list more than th	ree, please attach an	
additional sheet of paper with the information.	1	Month	Year Month Year	
		Dates Employed:	/ to /	
Street Address Cir	y State	Hourly Salary	s per	
Starting job title/final job title		Commission/Bonus/Other Co	ompensation \$ nsation (Final)	
Immediate Supervisor and title (for most recent position held)	May we contact for reference		\$ per	
	Yes No Later	Commission/Bonus/Other Compensation \$		
Why did you leave?				
Summarize the type of work performed and job responsibil	lities.			
What did you like most about your position?				
What were the things you liked least about the position?				
Employer Telephone #		Month	Year Month Year	
	y State	Dates Employed: Compens	/ to / / sation (Starting)	
0		Hourly Salary	\$ per	
Starting job title/final job title		Commission/Bonus/Other Co	ompensation \$ nsation (Final)	
Immediate Supervisor and title (for most recent position held)	May we contact for reference	Hourly Salary	\$ per	
	Yes No Later	Commission/Bonus/Other Co	ompensation \$	
Why did you leave?	·		•	
Summarize the type of work performed and job responsibil	lities.			
What did you like most about your position?				
what the you like most about your position.				
What were the things you liked least about the position?				
Employer Telephone #		Month	Year Month Year	
()	y State	Dates Employed:	/ to /	
	y State	Hourly Salary	\$ per	
Starting job title/final job title		Commission/Bonus/Other Co	ompensation \$ nsation (Final)	
Immediate Supervisor and title (for most recent position held)	May we contact for reference	Hourly Salary	\$ per	
	Yes No Later	Commission/Bonus/Other Co	ompensation \$	
Why did you leave?				
Summarize the type of work performed and job responsibil	lities.			
What did you like most about your position?				
What were the things you liked least about the position?				

Employment History (Continued)

Explain any gaps in your employment history. Do not disclose any disability or genetic information in response to this question.

If not addressed on previous page,	have you ever been fired o	r asked to resign from a jo	b?	Yes No
If yes, please explain				
Veterans Preference				
veterans i reference				
Do you wish Veterans' Preference? If Yes, Branch	Yes Entry Date	□ No Discharge I	Date	
Note: Please submit your DD-214 and Preference consideration (see attached		ty Property Appraiser "Appli	cation for Veteran's Preference	e" for Veterans'
Skills and Qualifications				
Summarize any special training, skills	licenses and/on contificates th	ot more againt you in monformed	ing the negition for which you	
Summarize any special training, skins	, incenses and/or certificates in	iat may assist you in perform.	ing the position for which you	are apprying.
Computer Skills (Check appropriate	hoves. Include software titles	and years of experience)		
Word Processing				Years:
Spreadsheet				
Presentation				
E-mail	Years:	Other		Years:
Educational Background				
Starting with your most recent school	attended, provide the followin	g information.		
School (include City & Sta	te) Years	Completed	GPA Class Damb	Major/Minor
	Completed	🗌 Diploma 🔤 GED	Class Rank	
		Degree Certification		
		□ Other □ Diploma □ GED		
		Degree Certification		
		Other		
		Diploma GED Degree		
		Certification		
		🗌 Diploma 🔤 GED		
		Degree Certification		
		Other		<u> </u>
References				
List name and telephone number of th	ree business/work references v	who are <i>not</i> related to you and	d are <i>not</i> previous supervisors.	
If not applicable, list three school or p		t related to you.	1 1	
Name	Title	Relationship	Telephone	Number of

Name	Title	Relationship to you	Telephone	Number of Years Known
			()	
			()	
			()	

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	Offices Held

List special accomplishments, publications, awards, etc.

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.

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
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If yes, please explain: ____

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

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with The Seminole County Property Appraiser's Office is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 180 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. The Seminole County Property Appraiser participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

All selected applicants receiving a conditional offer of employment will be subject to a Consumer Report Criminal Background Check and Driver's License Check. Selected applicants receiving a conditional offer of employment for safety sensitive positions involving driving or operating vehicles will also be subject to drug screening.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

APPLICATION FOR VETERAN'S PREFERENCE

Applicants wishing to assert Veterans' Preference in employment must complete this form and attach it to your employment application, along with a copy of the DD214 form and other documentation needed to establish status claimed. You may inquire about acceptable documentation if unsure. Information provided on this form is maintained confidentially from your application in the Administration Department; however, asserting Veterans' Preference is communicated to the hiring manager.

Applicant Name: _____

I wish to assert Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category:

□ A Veteran as defined in Section 1.01(14), Florida Statutes. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions. "Active Duty for Training" does not qualify as eligible service under this paragraph; or

□ A Disabled Veterans who has served on active duty in any branch of the Armed Forces, who has received an honorable discharge, and who presently has an existing service-connected disability which is compensable under public laws administered by the Department of Veteran's Affairs or is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA; or

□ The spouse of a Veteran who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or who is missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power; or

□ The unremarried widow or widower of a Veteran who died of a service-connected disability; or

□ The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense; or

□ A wartime Veteran, who has served at least one day during the war time periods as defined in Section 1.01(14), Florida Statutes, or who has been awarded a campaign or expeditionary medal. "Active Duty for Training" does not qualify as eligible service under this paragraph; or

□ A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

Please complete the following information: (Applicants asserting a preference based on their spouse's service should provide this information as it pertains to their spouse.)

Service Entry Date: _____ Discharge Date: _____

Branch of Service: _____

I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that falsification of this information is a criminal violation and may subject me to prosecution and possible incarceration and/or fine and will result in my dismissal if employed. I have received notice of the appropriate procedures to follow in order to initiate an investigation into any non-compliance with the Veterans' Preference laws.

Applicant's Signature

Date

Should the position for which you are applying be filled by someone who does not qualify for Veterans' Preference and/or should you feel that proper consideration of the Veterans' Preference has not been provided to you, please contact the Seminole County Property Appraiser Administration Department at 407-665-7501, 1101 East First Street, Sanford, Fl 32771.

You also have the right to initiate an investigation by the Florida Department of Veterans' Affairs. You may do so by notifying the State of Florida, Department of Veterans' Affairs, 9500 Bay Pines Blvd., St. Petersburg, Fl 33708, within 21 calendar days from the date you received notice that you were not selected for the position. If a notice of hiring decision is not given, a complaint may be filed at any time.

Veterans' Preference Status:

Qualified

Disgualified

Initials_____

Form No. 0007 (Rev. Dec 2015)