

Charlotte County Tax Collector

Vickie L. Potts

<http://taxcollector.charlottecountyfl.gov>



APPLICATION FOR APPOINTMENT

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.

Date: _____ Phone Number _____

Are you 18 years or Older () Yes () No

Name: _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Related to anyone who works for this office, state name, department and location _____

EMPLOYMENT DESIRED

<u>Position</u>	<u>Date you can start</u>	<u>Salary Desired</u>
_____	_____	_____

Are you employed now? If so, may we inquire of your present employer? _____

Ever applied to this office before? Where? When?

Are you available to work? Full-Time Part-Time Temporary

Are there any days, shifts or hours you will not work?

If yes, explain: _____

Effective date 1.30.2017

EDUCATIONName and
Location of SchoolDegree/
CertificateSubjects
StudiedGrade
Average

High School _____

College _____

Trade, Business, or Correspondence School _____

Other (including Graduate School) _____

Within the past seven (7) years:

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to, a crime?

 YES NOIf 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 NOIf yes, give details (date, place, offense(s) charged, disposition, etc.) _____

Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment)?

 YES NOIf yes, give details (date, place, offense(s), disposition, etc.) _____

PREVIOUS EMPLOYMENT: List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages if necessary).

Date
Month and YearName, Address and
Telephone Number of EmployerPosition and
Job DutiesSalaryReason for
Leaving

From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

Did you work for any of these employers under a different name?

YES NO

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

Please explain any gaps in your employment history _____

Have you received any written reprimands or disciplinary suspensions during any previous employment?

YES NO

If yes, please explain: _____

Have you ever been discharged or asked to resign? YES NO

If yes, please explain (include by whom, when and for what). Attach separate page if necessary: _____

REFERENCES: Give below the names of three persons not related to you, whom you have known at least for one year.

Name	Address	Business	Acquainted
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1. _____

2. _____

3. _____

MILITARY RECORD:

Were 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, circle the type (number) below that applies. 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 and 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.

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 office 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 the **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, including a drug screen test. 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 **Charlotte County 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 I may be requested by the office 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

Name (*printed*) _____

Signature of Applicant _____

Date _____