

Charlotte County Tax Collector

Vickie L. Potts

<http://taxcollector.charlottecountyfl.gov>



APPLICATION FOR EMPLOYMENT

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: _____

Name: _____
Last First Middle

Preferred Name/Nickname: _____ Email: _____

Current Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Preferred method of contact: (Mark all that applies) _____ Phone _____ Email _____ Mail

Are you related to anyone who works for this office? State name and location: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____

Are you employed now? _____ Yes _____ No If yes, may we inquire with your present employer _____ Yes _____ No

Have you applied to this office before? _____ Yes _____ No Where? _____ When? _____

What position are you applying for? (Mark all that applies) _____ Full-Time Hourly
_____ Part-Time
_____ Student/Temporary

Are there any days or hours you are not available for work? _____ Yes _____ No

If yes, explain: _____

EDUCATION

<u>Name and Location of School</u>	<u>Degree/ Certificate</u>	<u>Subjects Studied</u>	<u>Grade Average</u>
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High School _____

College _____

Trade, Business, or Correspondence School _____

Other (including Graduate School) _____

State any additional information you feel may be helpful to us in considering your application _____

BACKGROUND INFORMATION

Within the past seven (7) years have you been convicted of, or pled guilty, no contest or nolo contendere to, a crime?
_____ Yes _____ No

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

Within the past seven (7) years 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 _____ No

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

Within the past seven (7) years 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 _____ No

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

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

	<u>Name</u>	<u>Telephone</u>	<u>Years Known</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PREVIOUS EMPLOYMENT: List below sequentially all of your employers in the last five (5) years beginning with your current or most recent employer (*use additional pages if necessary*).

Current/Last Employer: _____

Address and phone number: _____

Job title: _____ Employed From: _____ To: _____

Reason for leaving: _____

Brief description of duties: _____

Employer: _____

Address and phone number: _____

Job title: _____ Employed From: _____ To: _____

Reason for leaving: _____

Brief description of duties: _____

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 from any these employers? 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: _____

MILITARY RECORD:

Were you in the U.S. Armed Forces? _____ Yes _____ No

Are you still currently serving or in the reserves? _____

Did you receive any training in the U.S. Armed Forces that is relevant to this office? _____

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: _____

*Revised 04/26/2021
Date 2/10/2017*