



APPLICATION FOR EMPLOYMENT

HIGHLANDS COUNTY PROPERTY APPRAISER'S OFFICE
560 SOUTH COMMERCE AVENUE
SEBRING, FLORIDA 33870
PHONE: (863) 402-6659
FAX: (863) 402-6765

We consider applicants for all positions without regard to race, color, sex, marital status, religion, creed, national origin, political opinions or affiliations, age, the presence of non-job related medical condition or disability, or any other legally protected status. The information requested on this application is required by law and/or by the Highlands County Property Appraiser which is necessary to be evaluated for the employment with the Property Appraiser's Office. In accordance with ADA, we provide reasonable accommodation upon request. **Drug-Free Workplace Policy:** In accordance with F.S. 112, Highlands County Property Appraiser's Office is a drug free workplace. Applicants and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty; and (5) follow up on routine fitness for duty. **All information provided will be verified. If employed, this document will become part of your permanent personnel file.**

Please consider me for the following position:

1st Choice: _____ Full-Time _____ Part-Time _____
2nd Choice: _____ Full-Time _____ Part-Time _____
3rd Choice: _____ Full-Time _____ Part-Time _____

I can start work on ____/____/____ Do you intend to provide notice to your current employer? ____ Yes ____ No

APPLICANT INFORMATION: (Type or print legibly in ink only.)
This application should be completed in its entirety and signed. Please indicate NA (not applicable) in any section that does not apply. A resume may be attached, but DOES NOT substitute for a fully completed application. Completion of each item is voluntary, however, incomplete answers may reduce your chances for employment selection. Falsification of any information contained hereon may result in suspension of further consideration of employment, immediate termination if employed, and criminal prosecution when appropriate.

Last Name _____ First Name _____ MI _____

Home address (number and street) _____ City _____ County _____ State _____ Zip Code _____

Home Phone: () _____ Business: () _____ Cell: () _____

Birth date: ____/____/____ Are you legally eligible for employment in the U.S.? ____ Yes ____ No

Social Security #: _____ - _____ - _____ Do you have a valid Florida driver's license? ____ Yes ____ No

If yes, Florida Driver's License # _____ Circle one: Class A B C D E

Do you presently have relatives working for Highlands County? ____ Yes ____ No ____ Not to my knowledge

If yes, Name _____ Relationship _____

Have you ever been convicted of a crime other than a minor traffic violation? ____ Yes ____ No

Are you currently under arrest pending trial or adjudication? ____ Yes ____ No

Have you ever committed a crime for which you were not arrested or convicted? ____ Yes ____ No

Have you ever plead nolo contendere (no contest) to a crime? ____ Yes ____ No

Has a court ever withheld adjudication after you were charged with a crime? ____ Yes ____ No

Are you currently using illegal drugs? ____ Yes ____ No

Have you ever been discharged or asked to resign from any previous employment? ____ Yes ____ No

If you answered "Yes" to any of the questions in this section, explain the circumstances below (or attach to this application additional pages). _____

Note: Answering "Yes" to any of the questions above may not necessarily disqualify you from consideration for employment. Each explanation will be evaluated in relation to the position to which you are applying.

EDUCATION:

High School			Highest Grade Completed	Diploma (Yes or No)	Equivalency Or GED
Name:					
Location:					

Your Name, if different than application.

Name of College / University / Professional School	Location	Dates Attended Month / Year		Hours Earned	Course Of Study or Major	Degree and Field (BS, MS, PhD...)	Date Awarded
		From	To				

Your Name, if different than application.

Name of Tech / Vocational / Military School	Location	Dates Attended Month / Year		Hours Earned	Course Of Study or Major	Degree and Field (BS, MS, PhD...)	Date Awarded
		From	To				

Your Name, if different than application.

List any Current Licenses, Registrations, or Certifications	License, Registration, or Certificate number	Date Received	Date Expires

PROFESSIONAL REFERENCES: Exclude relatives and friends.

Name	Occupation	Complete address Number, Street, City State, Zip Code	Phone Number (Area Code) Number	Years Known
1.				
2.				
3.				

WORK HISTORY: Begin with your current or most recent employer and provide your complete work history. Attach additional pages as necessary.
DO NOT indicate, "see attached resume".

From:	To:	Employer Name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week / Year:		
Reason for leaving:		
May we contact your present employer?		
From:	To:	Employer Name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week / Year:		
Reason for leaving:		
May we contact your present employer?		
From:	To:	Employer Name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week / Year:		
Reason for leaving:		
May we contact your present employer?		
From:	To:	Employer Name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week / Year:		
Reason for leaving:		
May we contact your present employer?		
From:	To:	Employer Name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week / Year:		
Reason for leaving:		
May we contact your present employer?		

WORK HISTORY, CONTINUED. Attach additional pages as necessary. **DO NOT** indicate "see attached resume".

From:	To:	Employer Name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week / Year:		
Reason for leaving:		
May we contact your present employer?		
From:	To:	Employer Name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week / Year:		
Reason for leaving:		
May we contact your present employer?		

SKILLS AND QUALIFICATIONS: Summarize your special skills and qualifications.

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I certify that all statements made in this application are true. I further acknowledge that should Highlands County Property Appraiser employ me, any misstatements of fact contained herein may be cause for termination. [Under Florida's Government-in-the-Sunshine Law, applicants for employment with a public agency (such as Highlands County Property Appraiser's Office) are subject to public disclosure.]

I authorize the Highlands County Property Appraiser to make lawful inquiries regarding both my past and present employment and to release from liability all those supplying information.

Applicant Signature: _____ **Date:** _____

This form **MUST** be signed in either Block 1 or Block 2 to complete your application.

VETERANS' PREFERENCE INFORMATION

Veterans' Preference Policy: Highlands County Property Appraiser's Office affords veterans preference in employment in accordance with F.S. 295. If you are requesting Veterans' Preference, a copy of your most recent DD-214 must be submitted with this application. Completion of the Veterans' Preference Claim below is made on a voluntary basis. The five Veterans' Preference categories are listed below. If you select category 1, 2, or 4, this form will be kept confidential in accordance with the Americans with Disabilities Act (ADA).

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administrated by the U.S. Department of Veterans' Affairs and the Department of Defense, or
2. 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
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America,
 - Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision of the state.
 - Persons who were previously ineligible for preference because they held or a re currently holding a job with a public employer are now eligible to use their veterans' preference again with all employers covered by law.
 - Persons previously ineligible for preference because they did not serve duty and eligible wartime period may now be eligible for Veterans' Preference if they served during Operation Enduring Freedom (beginning October 7, 2001 - present) or Operation Iraqi Freedom or
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Force Expeditionary Medal or Global War on Terrorism Expeditionary Medal, if otherwise eligible.

*You must provide a DD-214 or comparable official document to serve as a certificate of release or discharge **at the time of application**. In addition, if you claim preference under categories 1,2, or 4 above you must furnish documentation per Rule 55A-7.013, F.A.C. War periods are defined in Section 1.01, F.S. Under Florida Law, preference in appointment will be given by the state to those persons in categories 1 and 2 and then those in categories 3, 4, and 5. You also must be a Florida resident to be eligible.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he or she may file a complaint with the Florida Department of Veteran's Affairs, P. O. Box 31003, St. Petersburg, FL 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

HCPAO request that you submit original DD-214s and VA Award Letters (as applicable); or photocopies that are certified by a VA official or Veterans Service Office as true copies of the original; or photocopies certified by a notary public as true copies of the original document. Non-certified photocopies may be submitted with the application; however if awarded an interview original DD-214s and/or VA Award Letters must be presented for verification.

VETERANS' PREFERENCE CLAIM

BLOCK 1

If eligible, which Veterans' Preference category are you claiming?

(Circle the number from Veterans' Preference Information section above.) 1 2 3 4 5

Have you ever been employed by an governmental entity with the State of Florida? Circle one: **Yes** **No**

Are you a resident of the State of Florida? Circle one: **Yes** **No**

Note: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing at the time of application a DD-214 (Certificate of Release or Discharge from Active Duty) and any other required documentation.

Signature: _____ Date: _____

BLOCK 2

I declare that I am **NOT** claiming Veterans' Preference in this application.

Signature: _____ Date: _____

Voluntary Equal Employment Opportunity Data

Highlands County Property Appraiser's Office is subject to governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite candidates to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusing to provide it will not subject you to any adverse treatment. The information you submit is kept confidential and is used only in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring the information be summarized and reported to the federal government for civil rights enforcement. When reported, the data does not identify any specific individuals.

Please identify your race and ethnicity by choosing one of the listed choices.

_____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian** (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

.....

Name: _____
Last First Middle

Birth Date (xx/xx/xxxx): _____ **Gender (circle one):** Female Male

Place of birth: _____ **Country of citizenship:** _____

Race and ethnicity: _____
Indicate one choice from the categories listed above.