



# DAVID W. JORDAN

## LAKE COUNTY TAX COLLECTOR

### APPLICATION FOR APPOINTMENT

We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, age, religion, sex, national origin, disability, color, marital status or veteran status.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address: \_\_\_\_\_  
STREET CITY STATE/ZIP CODE

Mailing Address: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) STREET CITY STATE/ZIP CODE

Email address for corresponding: \_\_\_\_\_ Phone number: \_\_\_\_\_

Referred by: \_\_\_\_\_ Are you related to anyone who works for this Tax Collector?  Yes  No

Are you fluent in any other languages? Please list: \_\_\_\_\_

#### APPOINTMENT DESIRED:

Position: \_\_\_\_\_  Full-time (40 HRS)  Part-time (25 HRS) Salary desired: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Are you employed now?  Yes\*  No

\*If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to this Tax Collector before?  Yes\*  No \*When? \_\_\_\_\_

Are there any days or hours you are not available to work? If yes, please explain: \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	DEGREE/DATES CERTIFICATE	SUBJECTS STUDIED	GRADE AVERAGE
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE				
OTHER <small>(including graduate school)</small>				

Have you ever 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.) \_\_\_\_\_

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.) \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

List sequentially your employers in the last ten (10) years, beginning with your current or most recent employer.

Employer Name: \_\_\_\_\_ From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Address (including City, State, Zip): \_\_\_\_\_  
STREET CITY STATE/ZIP CODE

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Employer Name: \_\_\_\_\_ From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Address (including City, State, Zip): \_\_\_\_\_  
STREET CITY STATE/ZIP CODE

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**PLEASE CONTINUE TO NEXT PAGE →**

**PREVIOUS EMPLOYMENT (continued):**

Employer Name: \_\_\_\_\_ From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Address (including City, State, Zip): \_\_\_\_\_  
STREET CITY STATE/ZIP CODE

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Employer Name: \_\_\_\_\_ From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Address (including City, State, Zip): \_\_\_\_\_  
STREET CITY STATE/ZIP CODE

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving? \_\_\_\_\_

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 ever 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: \_\_\_\_\_  
\_\_\_\_\_

**DRIVING RECORD:**

Do you have a valid driver's license?  Yes  No What type of license do you possess? \_\_\_\_\_

List driver's license number and state: \_\_\_\_\_

Have you had a suspension or probation of your license within the last five (5) years?  Yes  No

How many speeding or other moving violations have you received in the last three (3) years? \_\_\_\_\_

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional page if necessary).

DATE	LOCATION	DESCRIPTION	RESULT

**REFERENCES:**

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

NAME	PHONE/EMAIL	BUSINESS	YEARS KNOWN

**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 DD214.

**PLEASE CONTINUE TO NEXT PAGE →**

**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, check the type below. 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, PO 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.

Please 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.

**PLEASE CONTINUE TO NEXT PAGE →**

## APPLICATION CONSENT FORM FOR EMPLOYMENT SCREEN INVESTIGATION AND SPECIFIC RELEASE:

The Lake County Tax Collector is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, genetic information, marital status, or any other characteristic protected by law.

In consideration of the Lake County Tax Collector's (herein referred to as "Tax Collector") review of my application for employment/appointment, I hereby voluntarily consent to and authorize Employer, or its authorized agents bearing this release or copy thereof, to obtain background information for employment purposes. I agree that this background information may include any of the following:

1. Employment Verification, Education Verification, Credentials Verification;
2. Personal Identity Verifications, Past Employment Verifications, Work History,
3. Personal or Business Reference Checks; Military Service;
4. Criminal Records and Criminal History, Civil Case Records and History, Motor Vehicle Records, Traffic Citations, present and former addresses, E-Verify (Social Security Number Verification); and any other public records.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to Tax Collector or its authorized agents. I hereby release Tax Collector, its authorized agents, and all persons, private and public organizations, and governmental agencies providing information from any and all claims, demands, and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy or electronic copy of this authorization may be considered as valid as the original. This consent and authorization is not limited to this one instance but extends to provide the Tax Collector with my continuing consent and authorization to obtain my background information at any time throughout the duration of my employment/appointment with Tax Collector, unless this consent and authorization is explicitly revoked by me in writing. Additionally, I give permission to investigate and obtain this background information as part of the investigation into any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved in during my employment.

I understand that an offer of employment is conditional and contingent upon completion of a satisfactory background investigation. Furthermore, an offer of employment may be rescinded based upon the results of an unsatisfactory background investigation, or other adverse employment action may be taken as a result of the information obtained. If selected for appointment/employment, I understand that I will be required to serve a ninety-(90)-day initial hiring period. I further understand that my appointment, whether during or after completion of the probationary period, is at the discretion of the Tax Collector and my appointment/employment can be terminated, with or without cause or prior notice, at any time and for any lawful reason, regardless of the successful completion of my training period, at the option of either the Tax Collector or myself. I understand that no supervisor or other representative of the Tax Collector has any authority to enter into any agreement for appointment 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 appointment that I may be requested by the Tax Collector to submit to a urinalysis or other drug or alcohol screen test consistent with the Tax Collector's Drug-Free Workplace/Drug Testing Policies and procedures, 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.

PLEASE CONTINUE TO NEXT PAGE →

**APPLICATION CONSENT FORM FOR EMPLOYMENT SCREEN INVESTIGATION AND SPECIFIC RELEASE (continued):**

I understand that any declared felony or other criminal conviction will be weighed on its own merit with respect to age at the time of the offense, circumstances, the seriousness and nature of the violation (s); as well as the position for which I have applied. If any offer of employment is rescinded based upon information obtained in the background information, I will be informed of the reason the offer was rescinded consistent with federal law.

I certify that I have read, understand and agree with the above. I further certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true, correct, and accurate. I acknowledge that falsification, omission, or fraudulent provision of information may result in immediate dismissal, termination or revocation of any conditional offer of appointment/employment.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**SUBMITTING YOUR APPLICATION:**

Please **email** your completed and signed application to: **hr@laketax.com**

Will you be attaching your resume with this application?  Yes  No