**JEFFERSON COUNTY**  
**Employment Application Form**

Notice to Applicant

This application is for the Jefferson County Board of County Commissioners. The Schools, Sheriff, Clerk of Court, Supervisor of Elections, the Tax Collector and the Property Appraiser each have their own applications.

Application for current vacancies is made by completion and submittal of a employment application prior to the advertised deadline. The application must be completely filled out. You may attach a resume but it cannot be accepted in place of the completed application.

A separate application is required for each position for which you apply. No other application form is acceptable.

*Driver’s license policy requirements*

If the position which you are applying requires the operation of a County vehicle or road maintenance equipment, you are required to possess and maintain a driving record that meets the County’s standards for insurance coverage. If you are offered this position, this offer of employment is contingent upon your meeting the standards listed below. You must submit a copy of your State of Florida driving transcript upon employment. Inability to meet the following standards will prevent your employment:

A. Record must be free of the following violations in the past three (3) years:
   - Suspended or revoked license
   - D.U.I or D.W.I.
   - Fleeing or attempting to elude police
   - Three or more accidents and/or violations
   - Reckless driving
   - Vehicular homicide
   - Drag racing

B. Record must have no more than one moving violation (parking, muffler, etc. will not be considered as a moving violation) in a year period.

*Drug Free Workplace Policy*

1. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance or alcohol is prohibited in the workplace of County Government.
2. Sanctions to be taken against employees for violation of this policy shall result in appropriate personnel action, up to and including discharge and/or as an alternative, requiring employee participation in an approved drug abuse assistance or rehabilitation program. These actions shall be in accordance with the Jefferson County Personnel Policy.

This page is for your information!
Jefferson County

EMPLOYMENT APPLICATION FORM

Jefferson County is an Equal Employment Employer. We consider applicants for all positions without regards to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

DATE ______________

POSITION APPLYING FOR:___________________________________________________________

Instructions

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

PERSONAL HISTORY

1. Full Name:

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>ABBV.</th>
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RESIDENCE ADDRESS

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<tr>
<th>CITY</th>
<th>COUNTY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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TELEPHONE NUMBER (HOME) (OTHER)

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<tr>
<th>NAME</th>
<th>CIRCUMSTANCE</th>
<th>DATES FROM MO./TR.</th>
<th>DATES TO MO./YR.</th>
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2. Other: list all other names you have used including circumstances and time periods you used them.

(For example: former name(s), alias(es), or nickname(s)).

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<th>NAME</th>
<th>CIRCUMSTANCE</th>
<th>DATES FROM MO./TR.</th>
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3. If you are under 18 years of age, can you provide required proof of your eligibility to work?
   ____ Yes  ____ No

4. Social Security Number: ___________-____-_________

5. If you are not a U.S. Citizen do you possess an I-151 Card, an I-1551, or an I-94 Card stamped “employment authorized”  ____ Yes  ____ No

6. Can you travel if your job requires it?  ____ Yes  ____ No

7. Have you ever filed an application with the County before?  ____ Yes  ____ No

8. Have you ever been employed by the County before?  ____ Yes  ____ No

**EDUCATION / TRAINING**

<table>
<thead>
<tr>
<th>1. High School &amp; Address</th>
<th>Date Started</th>
<th>Date Stopped</th>
<th>Years Completed</th>
<th>Did you Graduate?</th>
<th>Type of diploma</th>
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<tr>
<th>2. * College / University &amp; Address</th>
<th>Date Started</th>
<th>Date Stopped</th>
<th>Credit Hrs. Earned</th>
<th>Graduate?</th>
<th>Degree or Certificate</th>
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*Attach diploma or transcript from last institution of higher education attended.

Major __________________________ Minor ________________________________

3. Other Schools (Trade, Vocational Business or Military):

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<th>Name &amp; Address</th>
<th>Dates attended</th>
<th>Area of Study</th>
<th>Credit Hrs. Earned</th>
<th>Graduate?</th>
<th>Degree or Certificate</th>
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4. Describe any awards, honors, citations, positions held in school or since.
   _____________________________________________________________________
5. Foreign languages: Speak _________________       ___ Fluent ___ Good ___ Fair
    Read _________________       ___            ___           ___
    Write _________________       ___            ___           ___
6. Indicate any type of special licenses (pilot, radio operator, etc).

7. If you received a certificate or license for this training, indicate where license issued and date of expiration.

Certificate / License No.: ________________________________

8. Describe any word processing or computer skills and list all software used:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

9. State approximate number of words per minute:   Typing __________  Shorthand ______________
10. Indicate any special skills you possess and equipment you can use which may be related to the job you are
    applying for:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

11. May we contact your present employer?   ___ Yes ___ No
12. On what date are you available for work? ______________________________________________
13. Are you available to work   ___ Full Time  ___ Part Time  ___ Shift Work  ___ Nights or Weekend

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including part-time employment. All
time should be accounted for. If unemployed for a period give dates.
2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? ___ Yes ___ No

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? ___ Yes ___ No    If yes to #2 or #3, please provide details.

_____________________________________________________________________________________
_____________________________________________________________________________________ 
_____________________________________________________________________________________ 

4. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? ___ Yes ___ No

5. Does this business do business with the County or Sheriffs Office? ___ Yes ___ No    If yes to questions #4 or #5, Please provide name and address of business, corporation or organization and describe your relationship or position.

_____________________________________________________________________________________ 
_____________________________________________________________________________________ 

_____________________________________________________________________________________ 

RESIDENCES
1. Actual places of residences for the past three (3) years - list chronologically

<table>
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<tr>
<th>Dates: from</th>
<th>To</th>
<th>Apt. No.</th>
<th>Street Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
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ARREST HISTORY / COURT DATA

1. Have you ever been convicted of a felony?  ___ Yes  ___ No
If Yes give details. ____________________________________________
_________________________________________________________________
_________________________________________________________________

DRIVING HISTORY

Answer if you will be required to operate a vehicle as part of your job.

1. Are you a licensed Florida automobile operator or chauffeur?  ___ Yes  ___ No
   License No.______________________ Date of Expiration: ____________________
   Restrictions: ________________________________

2. Do you hold or have ever held an operator or chauffeur license in another state?  ___ Yes  ___ No
   If yes, please provide state(s), name used and approximate dates license(s) was/were held.________

3. Have you received during the past five (5) years a ticket or been charged with a traffic violation?  ___ Yes  ___ No

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  ___ Yes  ___ No
   If yes to #2, #3, or #4, please provide complete details including why license was revoked or
   the disposition of the charge.

MILITARY HISTORY

1. Have you ever served in the Armed Forces of the United States?  ___ Yes  ___ no
   Branch of Service:_________________________________________ Highest Rank:________________
Active Duty Dates: From:__________ To:___________   From:____________ To:____________

2. Date of discharge:___________________________________________________________________

3. Are you now or have you ever been a member of a reserve unit or the National Guard? ___Yes ___No

4. If yes state branch of service, name and location of your unit and whether you attend drills, meetings, or camps:
___________________________________________________________________________________
___________________________________________________________________________________

5. Was any type of disciplinary action taken against you in the service?    ___ Yes   ___ No
If yes, Date______________________ Place_________________________________________________
Nature of Offense:______________________________________________________________________
Action Taken: _________________________________________________________________________

6. Are you designated as disabled because of military service?     ___ Yes   ___ No

VETERANS, PREFERENCE: Check the appropriate block if you are claiming veterans’ preference.

 circumstantiating your claim must be furnished at the time of application
   a. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by U.S. Veteran’s Administration or the Department of Defense, or
   b. 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
   c. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
   d. The unmarried widow of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran’s preference since October 1, 1987? ___Yes ___No

If yes give name of employer: ___________________________________________________________

NOTE: Under Florida law, preference in appointment shall be given first to those persons included  a. and b. above, and second to those persons included in c. and d. above. If an applicant claiming veteran’s preference for a Vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans’ Affairs, P.O. Box 1437, St. Petersburg, FL. 33731

PERSONAL REFERENCES & ACQUAINTANCES

Give three (3) references (not relatives, former or present employers, fellow employees or school teachers) who have known you well for the past three (3) years
| Complete Name: ______________________________ | Home Address: ______________________________ |
| | | City & State: ______________________________ |
| Years Acq.____ Occupation:____________________ | Home Phone: ________________________________ |
| | | Business Address: __________________________ |
| | | City & State: ______________________________ |
| | | Business Phone: ____________________________ |

| Complete Name: ______________________________ | Home Address: ______________________________ |
| | | City & State: ______________________________ |
| Years Acq.____ Occupation:____________________ | Home Phone: ________________________________ |
| | | Business Address: __________________________ |
| | | City & State: ______________________________ |
| | | Business Phone: ____________________________ |

| Complete Name: ______________________________ | Home Address: ______________________________ |
| | | City & State: ______________________________ |
| Years Acq.____ Occupation:____________________ | Home Phone: ________________________________ |
| | | Business Address: __________________________ |
| | | City & State: ______________________________ |
| | | Business Phone: ____________________________ |

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**ORGANIZATION MEMBERSHIP**

List all professional, trade business, or civil activities and offices held:

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

__________

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**APPLICANT’S CERTIFICATION**
I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the County job. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph elimination concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I may be fingerprinted. I understand that this employment application shall become the property of the County and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment will be contingent upon the results of a completed drug test.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

I understand and agree that any employment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the County has absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I understand that unless otherwise defined by applicable law, any employment relationship with the County is “at will”, which means that the employer may discharge me at any time with or without cause and that this “at will” relationship may not be changed unless authorized in writing from the County.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the County and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the County.

I agree to conform to the rules, regulations and orders of the County and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the County, at its discretion, at any time without any prior notice to me.

______________________________________      __________
Signature of the applicant as usually written            Date
Witnessed by:

This form must be filled out if you are offered a job!
PERSONAL INQUIRY WAIVER
Authority for release of information

To: Concerned Person or APPLICANT’S NAME: ______________________________
Authorized Representative of
Any Organization, Institution DATE OF BIRTH: ______________________________
Or Repository of Records SOCIAL SECURITY NO.: ______________________________

I respectfully request and authorize you to furnish Jefferson County and any and all information that you may have concerning my work record, school record, military record, driving record, reputation, and financial and credit status. (Financial and credit status will only be asked for if you are offered a job that gives you access to cash or the transferring of funds) Please include any and all reports including all information of a confidential or privilege nature, and photostats of same, if requested. This information is to be used to assist in my qualifications and fitness for the position I am seeking with the County.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

_________________________________ __________
Applicant’s Signature Date

_________________________________
Address

_________________________________
City State Zip

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF ___________________

Subscribed and sworn to ( or affirmed) before me on ________ (date) by ______________________________

(name of affiant). He/She is personally known to me or has presented ______________________________

(type of identification) as indicated.

(Seal) Signature ________________________________

Name ___________________________________________ Commission No: ______________

Tittle ________________________________ Expires: _____________