



APPLICATION FOR EMPLOYMENT

PERSONAL				
Position Applied For			Date of Application	Date Available
Last Name	First Name		Middle Initial	
Address		City	State	Zip Code
Telephone Number		Alternate Telephone Number		
Check type of employment desired. Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>				
Are you legally eligible for employment in the United States?				Yes <input type="checkbox"/> No <input type="checkbox"/>

How did you find us?	
Newspaper <input type="checkbox"/>	Name:
Internet <input type="checkbox"/>	Web Address:
Newsletter <input type="checkbox"/>	Name:
Other <input type="checkbox"/>	Explain:
Walk-in <input type="checkbox"/>	

2001 Adams Lane, Sarasota, FL 34237
Phone: (941) 861-8200
Fax: (941) 861-8260

An Equal Employment Opportunity & ADA Compliance Employer

EDUCATION AND TRAINING

G.E.D. Certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name and Location of last High School attended
High School Diploma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name & Address of College or University	Major	Years Completed	Degree

List any Certificates/Designations/Licenses.	Number	State	Expiration Date

List any software applications (name and version) that you are proficient with.

List any other job-related information you would like to add (i.e. professional or business affiliations, training, experience, etc.).

EMPLOYMENT EXPERIENCE

Starting with your current employer, please identify your last three places of employment and list, at a minimum, your last 10 years of employment experience. Include summer employment and U.S. Military experience. For any unemployment or self-employed periods, show dates (month and year) and locations. If additional space is required, attach a second sheet.

May we contact your current employer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer		Job Title	
Address		Number of People Supervised	
City		Annual Salary	
State		Dates Employed From To	
Zip Code		Reference Contact & Phone Number	
Work Performed			
Major Accomplishments			
Reason for Leaving			

Employer		Job Title	
Address		Number of People Supervised	
City		Annual Salary	
State		Dates Employed From To	
Zip Code		Reference Contact & Phone Number	
Work Performed			
Major Accomplishments			
Reason for Leaving			

Employer		Job Title	
Address		Number of People Supervised	
City		Annual Salary	
State		Dates Employed From To	
Zip Code		Reference Contact & Phone Number	
Work Performed			
Major Accomplishments			
Reason for Leaving			

EMPLOYMENT EXPERIENCE (cont)

Employer		Job Title		Number of People Supervised
Address		Dates Employed From To		Annual Salary
City	State	Zip Code	Reference Contact & Phone Number	
Work Performed				
Major Accomplishments				
Reason for Leaving				

Employer		Job Title		Number of People Supervised
Address		Dates Employed From To		Annual Salary
City	State	Zip Code	Reference Contact & Phone Number	
Work Performed				
Major Accomplishments				
Reason for Leaving				

Employer		Job Title		Number of People Supervised
Address		Dates Employed From To		Annual Salary
City	State	Zip Code	Reference Contact & Phone Number	
Work Performed				
Major Accomplishments				
Reason for Leaving				

Applicants will be responsible for presenting transcripts, diplomas and certificates if employed.

BACKGROUND

Do you have a valid Florida Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any traffic violations within the last 5 years?. If Yes, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your driver's license ever been suspended or revoked? If Yes, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of or pled <i>nolo contendere</i> (no contest) to a felony or a first degree misdemeanor? If Yes, please include type of crime, date of conviction, and penalty imposed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been a defendant in a civil action for intentional tort? If Yes, please include the nature of the tort and the disposition of the action.	Yes <input type="checkbox"/> No <input type="checkbox"/>

IMPORTANT INFORMATION

The Property Appraiser's Office does not discriminate on the basis of Race, Religion, Color, Sex, Age, National Origin, Disability or Marital Status.

The employment relationship between the Property Appraiser and the employee is "at will." Both the Property Appraiser and the employee are free to end the employment relationship without notice or reason.

Employment offers to successful candidates are contingent upon successful completion of a pre-employment background check, including a criminal background investigation, a pre-employment physical, and for certain positions, possession of a valid Florida Driver's license.

All applicants accepted for employment must be in possession of an official Social Security Card and must have demonstrated their eligibility to work according to Federal Law. Applicants under the age of 18 must provide required proof of their eligibility to work.

STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION

It is understood that I shall be considered as on a temporary basis during the orientation period and may be discharged before the expiration of that period without recourse.

It is my understanding that this application, by law, will become public record when submitted to the Property Appraiser's Office. I further understand that if employed, other potential employers may contact the Property Appraiser's Office for job-related information. I hereby authorize the Property Appraiser's Office to provide factual job-related information to potential employers upon request.

I have read and understand all the information and agree to the terms provided herein. I hereby authorize the Property Appraiser to conduct a background investigation and to check my driver's license record. I release the Property Appraiser's Office from any liability which may result from furnishing the requested information.

I, the applicant, have completed all information fully and accurately. I understand that any false answer, misrepresentation or pertinent omission of fact in my application may be grounds for not employing me or for dismissing me after I begin work, which may negate any benefits for which I may otherwise be eligible.

Signature of Applicant

Date

For office use only
Interviewed by:

Date: