David Johnson, CFA
PROPERTY APPRAISER
SEMINOLE COUNTY, FLORIDA

1101 E. First Street
Sanford, FL 32771
(407)-665-7506

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Administrative Department.

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____)_____ Other Phone # (____)_____ E-mail Address _____
Position(s) applied for _____ Date of Application _____

Referral Source (Please check the appropriate category and name the source.)

- ☐ Walk-in _____
- ☐ Employee _____
- ☐ Advertisement _____
- ☐ Company's Website _____
- ☐ Other Internet _____
- ☐ School _____
- ☐ Job Fair _____
- ☐ Staffing Agency _____
- ☐ Government Employment Agency _____
- ☐ Other _____

If necessary, best time to call you at home is: _____ am/pm
May we contact you at work? ☐ Yes ☐ No
If yes, work number and best time to call:
(____)_____ _____am/pm
If you are under 18 and it is required, can you furnish a work permit? ☐ Yes ☐ No
If no, please explain _____

Have you submitted an application here before? ☐ Yes ☐ No
If yes, give date(s) and position(s) _____

Have you ever been employed here before? ☐ Yes ☐ No
If yes, give dates: From _____ To _____
Are you legally eligible for employment in this country? ☐ Yes ☐ No
Date Available for work: _____

What is your desired salary range or hourly rate of pay?
$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ☐ Yes ☐ No
Will you travel if job requires it? ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ☐ N/A ☐ Yes ☐ No
Will you work overtime if required? ☐ Yes ☐ No
If no, please explain _____

Driver's license number if driving may be required in the position for which you are applying:
_____ State _____

Have you ever been bonded? ☐ Yes ☐ No

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, Rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No
If yes, please provide the following information: date/dates of conviction(s), penalty/penalties imposed, and type(s) of crime(s).

Have you ever been a defendant in a civil action for an intentional tort (e.g., a civil charge for assault, battery, intentional infliction of emotional distress, false imprisonment, wrongful death, etc.)? ☐ Yes ☐ No
If yes, please provide nature of the tort and disposition of the matter (how it was resolved).

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Starting with your most recent employer, provide the following information. If you wish to list more than three, please attach an additional sheet of paper with the information.

Employer | Telephone # ( ) | Dates Employed: Month / Year to Month / Year

Street Address | City | State

Starting job title/final job title

Immediate Supervisor and title (for most recent position held)

May we contact for reference ☐ Yes ☐ No ☐ Later

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Commission/Bonus/Other Compensation $

Compensation (Final)

☐ Hourly ☐ Salary $ per

Commission/Bonus/Other Compensation $

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

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May we contact for reference ☐ Yes ☐ No ☐ Later

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Commission/Bonus/Other Compensation $

Compensation (Final)

☐ Hourly ☐ Salary $ per

Commission/Bonus/Other Compensation $

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employment History (Continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain _____

Veterans Preference

Do you wish Veterans' Preference? ☐ Yes ☐ No
If Yes, Branch _____ Entry Date _____ Discharge Date _____

Note: Please submit your DD-214 and complete the Seminole County Property Appraiser "Application for Veteran's Preference" for Veterans' Preference consideration (see attached).

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

☐ Word Processing _____ Years: _____
☐ Spreadsheet _____ Years: _____
☐ Presentation _____ Years: _____
☐ E-mail _____ Years: _____
☐ Internet _____ Years: _____
☐ Other _____ Years: _____
☐ Other _____ Years: _____
☐ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.
If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to you	Telephone	Number of Years Known
			( )	
			( )	
			( )	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?
Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.
Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

_____

_____

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If yes, please explain: _____

_____

Is there any other job-related information you want us to know about you? _____

_____

_____

_____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with The Seminole County Property Appraiser's Office is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 180 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

All selected applicants receiving a conditional offer of employment will be subject to a Consumer Report Criminal Background Check and Driver's License Check. Selected applicants receiving a conditional offer of employment for field positions or cash handling positions will also be subject to drug screening.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____

APPLICATION FOR VETERAN'S PREFERENCE

Applicants wishing to assert Veterans' Preference in employment must complete this form and return it with the completed employment application, **along with a copy of the DD214 form** or equivalent certification from the Department Veterans' Affairs.

Applicant Name: _____ Social Security #: _____
Veteran's Preference will be given to Florida residents who are eligible Veterans' and spouses of Veterans' in appointment.

I wish to assert Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category:

☐ A veteran with a compensable service connected disability that is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense.

☐ A veteran of any war who has served one (1) day on active duty or more, and who was discharged or separated, under honorable condition from the Armed Forces of the United States of America if any part of such active duty was performed during wartime era. Active duty for training is not allowable.

• World War II	December 7, 1941 to December 31, 1946
• Korean Conflict	June 27, 1950 to January 31, 1955
• Vietnam Era	August 5, 1964 to May 7, 1975
• Persian Gulf War	August 2, 1990 to January 2, 1992
• **Operation Enduring Freedom**	October 7, 2001 – Present
• **Operation Iraqi Freedom**	March 19, 2003 – Present

☐ The un-remarried widow or widower of a veteran who died of a service connected disability.

☐ The spouse of a veteran unemployable due to total and permanent services connected disability or spouse of veteran missing in action, captured or forcibly detained by a foreign power.

☐ A Veteran who has served in a campaign or expedition for which a qualified campaign badge has been authorized or any AFEM or the Global War on Terror Expeditionary Medal.

Please complete the following information: (Applicants asserting a preference based on their spouse's service should provide this information as it pertains to their spouse.)

Service Entry Date: _____ Discharge Date: _____

Branch of Service: _____

I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that falsification of this information is a criminal violation and may subject me to prosecution and possible incarceration and/or fine and will result in my dismissal if employed. I have received notice of the appropriate procedures to follow in order to initiate an investigation into any non-compliance with the Veterans' Preference laws.

_____ _____
Applicant's Signature Date

Should the position for which you are applying be filled by someone who does not qualify for Veterans' Preference and/or should you feel that proper consideration of the Veterans' Preference has not been provided to you, please contact the Seminole County Property Appraiser Administration Department at 407-665-7501, 1101 East First Street, Sanford, Fl 32771.

You also have the right to initiate an investigation by the Florida Department of Veterans' Affairs. You may do so by notifying the State of Florida, Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311K, Largo, FL 33778, within 21 calendar days from the date you received notice that you were not selected for the position. If a notice of hiring decision is not given, the applicant may file a complaint within three (3) months of the date the application is filed with the employer.

Veterans' Preference Status: ☐ **Qualified** ☐ **Disqualified** Initials _____

Form No. 0007 (Rev. 6/26/07)