



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.)

- | | |
|--|--|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Employment Agency _____ |
| | <input type="checkbox"/> 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).

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 # ()		Month	Year	Month	Year
Street Address		City	State		Dates Employed: / to /	
Starting job title/final job title		Compensation (Starting)				
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per		
Immediate Supervisor and title (for most recent position held)		May we contact for reference		Commission/Bonus/Other Compensation \$		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per		
Why did you leave?		Commission/Bonus/Other Compensation \$				

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?

Employer	Telephone # ()		Month	Year	Month	Year
Street Address		City	State		Dates Employed: / to /	
Starting job title/final job title		Compensation (Starting)				
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per		
Immediate Supervisor and title (for most recent position held)		May we contact for reference		Commission/Bonus/Other Compensation \$		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per		
Why did you leave?		Commission/Bonus/Other Compensation \$				

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		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per		
Immediate Supervisor and title (for most recent position held)		May we contact for reference		Commission/Bonus/Other Compensation \$		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per		
Why did you leave?		Commission/Bonus/Other Compensation \$				

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.

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: _____ Internet _____ Years: _____
 Spreadsheet _____ Years: _____ Other _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____
 E-mail _____ 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
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> 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** _____