



EMPLOYMENT APPLICATION

Wesley Davis, Indian River County Property Appraiser
1800 27th Street
Vero Beach, Florida 32960
772 226 1469

It is the policy of Indian River County Property Appraiser to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, marital status, genetic information, or veteran status.

1. **Applicant Information**

Applicant First, Middle, and Last Name: _____
Permanent Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

2. **Emergency Contact**

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

3. Job Position Applied For: _____
Full or Part Time? _____

4. Salary Desired: \$ _____ per _____

5. Who referred you to our company? _____
6. Do you have any friends or relatives who work here? If yes, please list here:

7. Have you applied to our company previously? _____ Yes _____ No
If yes, when, for what position, and were you hired. If not hired, please give the reason, if you know? _____
8. Are you at least 18 years old? _____ Yes _____ No
9. How will you get to work? _____
10. If applicable, are you available to work overtime? _____ Yes _____ No
11. If you are offered employment, when would you be available to begin work?

12. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No
13. Have you ever been convicted of a felony or misdemeanor?
_____ Yes, I was convicted of _____ on _____ (date) in _____ (city), _____ (state);
Disposition: _____
_____ No
14. 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: _____ on _____ (date) in _____ (city), _____ (state);
Disposition: _____

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

15. **Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Salary: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Salary: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Salary: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

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 received any written reprimands or disciplinary suspensions during any previous employment? _____ Yes _____ No

16. **Education and Training**

High School/GED Name and Address: _____

College/University Name and Address: _____

Trade, Business, or Correspondence School Name and Address: _____

Other (including Graduate School): _____

Did you receive a degree? _____ Yes _____ No

If yes, degree(s) received: _____

Please indicate any current professional licenses or certifications you hold:

Awards, Honors, Special Achievements: _____

17. **Military Service**: _____ Yes _____ No

If Yes, please provide the years of service, branch of service, military occupational specialty, and highest rank achieved: _____

Specialized Training: _____

Employment in this office will require a copy of DD-214.

VETERAN'S PREFERENCE: Complete this section only if you are claiming Veterans' Preference.

Have you entered 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 the veteran is permanently disabled.
6. Receipt of any Armed Forces Expeditionary Metal – 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, POB 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 (2) months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

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

18. **References:** List any three (3) persons not related to you, whom you have known at least one (1) year:

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____ Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____ Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____ Relationship: _____

19. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

20. **BACKGROUND CHECK INFORMATION**

Driving Record: Do you have a valid driver's license? ____ Yes ____ No

What class 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).

<u>Date:</u>	<u>Location:</u>	<u>Description:</u>	<u>Result:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Indian River County Property Appraiser to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate relevant information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Property Appraiser, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Indian River County Property Appraiser, except in a specific written contract of employment signed on behalf of the organization by its Property Appraiser, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE