





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

If yes, please explain: \_\_\_\_\_

Have you ever been discharged or asked to resign?     YES                       NO

If yes, please explain (include by whom, when and for what). Attach separate page if necessary: \_\_\_\_\_

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**REFERENCES:**    Give below the names of three persons not related to you, whom you have known at least one year.

	Name	Address	Business	Phone #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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**MILITARY RECORD:**

Have you served in the U.S. Armed Forces? [ ]YES [ ]NO

If yes, what Branch? \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to this office? \_\_\_\_\_

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

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**VETERANS' PREFERENCE: (Complete this section only if you are claiming Veterans' Preference).**

**Have you entered into 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 that the veteran is permanently disabled.
6. Receipt of any Armed Forces Expeditionary Medal – 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, P.O. Box 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 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:

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|---|---|
| 1. Elected Officials.                                   | 5. Temporary employee for the purpose of conducting special studies.            |
| 2. Board and Commission Members.                        | 6. Positions filled internally by means of promotion, demotion or reassignment. |
| 3. Department Heads.                                    |   |
| 4. Personal secretary of each such office or appointee. |   |

**BACKGROUND CHECK INFORMATION**

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**DRIVING RECORD:**

Do you have a valid driver's license  ]YES  ]NO

What class of license do you possess? \_\_\_\_\_

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).

DATE	LOCATION	DESCRIPTION	RESULT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## APPOINTMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the office to investigate all statements contained in this application to interview the references and previous employers listed in this application and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Monroe County Tax Collector all facts, opinions, and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Monroe County Tax Collector, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day training period. I further understand that my employment is at the discretion of the Monroe County Tax Collector and compensation and employment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the Monroe County Tax Collector or me. I understand that no supervisor or other representative of the Monroe County Tax Collector has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of work or my continued employment that I may be requested by the office to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for work, or if I am then working, may result in my immediate dismissal.

I certify that I have read, understand  
and agree with the above.

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Date

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Signature of Applicant