

<p>GENERAL INSTRUCTIONS</p> <ul style="list-style-type: none"> Applications MUST be type-written or PRINTED in INK. Answer all questions which apply to you. For questions that DO NOT APPLY to you, insert "N/A". If you need additional space, put the information on a separate sheet and return it with the completed application (be sure and reference the appropriate item No.). Attach a detailed resume, if desired. Address or telephone number changes should be reported promptly. Applications will remain in the active file for six months from date of original application. Applications which are not complete and legible may not be considered. Application must be signed. 	<p>Seminole County Tax Collector Attn: Connie Overbay 1101 E First Street * Sanford, FL 32771 (An EEO [M F V H] Employer)</p> <p>APPLICATION FOR EMPLOYMENT</p>	<p style="text-align: center;">You may submit a photo if you choose.</p>
<p>I. INDIVIDUAL DATA</p> <p>B. Date of Application _____ (Mo.) / (Day) / (Yr.)</p>		
<p>1. Name _____ (Last) (First) (Middle or Nickname)</p>		
<p>2. Address _____ Actual Place of Residence (Number) (Street) (City) (State) (Zip)</p>		
<p>3. Mailing Address _____ (If different from above) (Number) (Street) (City) (State) (Zip)</p>		
<p>4. Home Phone (_____) (Area Code) (Number) 5. Business Phone (_____) (Area Code) (Number) Ext. _____</p>		
<p>6. Customer Service <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time - Indicate hours available for work _____</p>		
<p>7. If a job requirement, could you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

II. EDUCATION AND TRAINING:

8. Circle Highest Grade Completed through High School: 1 2 3 4 5 6 7 8 9 10 11 12 Did you Graduate: Yes No GED: Yes No

9. Have you ever been a member of the Armed Services? Yes No
If yes: Branch _____ Discharge Date _____ Month/Year

10. Comments/Remarks (if any): _____

Are you seeking Veterans Preference for your application? Yes No

Colleges, Universities, Junior/Community Colleges attended or attending:		13. Dates Attended FROM: TO:	14.* Credit Hours Earned Qtr./Sem.	15. Type of Degree	16. Year Obtained	17. Major/Minor
11. Name	12. City/State					

*To receive credit for college coursework it is necessary that you supply Quarter/Semester hours earned in addition to dates attended.

Business, Technical or Vocational Schools attended or attending (Correspondence Courses)**		20. Dates Attended FROM: TO:	21. Actual Duration of Course (Hrs./Days) (Mos. or Yrs)	22. Credits Earned	23. Type of Cert. or Diploma	24. Courses Taken/Completed
18. Name	19. City/State					

**If correspondence course, please identify as such.

25. Do you possess a valid* drivers license? Yes No
If yes, answer the following. If no, explain in Item No. 42

State: _____ Date of Birth: _____

D.L. Number _____

*VALID: An issued license which has not expired nor has, within the past three years, been denied, restricted, revoked, or suspended.

26. Do you have a source of transportation to work? Yes No

II. EDUCATION & TRAINING (CONT'D)

27. Do you speak any foreign languages? Please list: _____

PLEASE CHECK THE APPROPRIATE BOX INDICATING THE LEVEL OF COMPETENCY OR EXPERIENCE YOU HAVE IN EACH AREA.

28. TYPING/KEYBOARD SKILLS Tested _____ wpm Not Tested _____ wpm
 Typing/Keyboard skills are required.

29. SPECIAL AREAS:

Customer Service Face-to-Face	<input type="checkbox"/> No Experience	<input type="checkbox"/> Less than 3 years	<input type="checkbox"/> 3 years or more
Customer Service over Telephone	<input type="checkbox"/> No Experience	<input type="checkbox"/> Less than 3 years	<input type="checkbox"/> 3 years or more
Cash Handling	<input type="checkbox"/> No Experience	<input type="checkbox"/> Less than 3 years	<input type="checkbox"/> 3 years or more
Calculator Use	<input type="checkbox"/> No Experience	<input type="checkbox"/> Less than 3 years	<input type="checkbox"/> 3 years or more
Balancing Cash Drawer	<input type="checkbox"/> No Experience	<input type="checkbox"/> Less than 3 years	<input type="checkbox"/> 3 years or more

30. COMPUTER SOFTWARE:

Computer Imaging	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Accomplished
Microsoft Word	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Accomplished
Microsoft Excel	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Accomplished
Other _____			

31. List any other skills attained useful to the position for which you are applying _____

32. List any Technical or Professional licenses or certificates held _____

III. MISCELLANEOUS

Answer the following questions by placing an "X" under "YES" or "NO".

	YES	NO
33. Have you ever been ticketed for any moving traffic violations (including speeding tickets)?	*	
34. Have you ever been convicted of any criminal violation of law, or ever had adjudication in a felony case? **	*	
35. Have you ever been discharged for misconduct or unsatisfactory service from any job?	*	
36. Have you had an on-the-job illness or injury in the past seven (7) years? If yes, indicate date(s), type(s) of injury, and if you received any worker's compensation for this injury?	*	
37. Do you have or have you had any physical or mental handicap, injury, illness, limitations, or other disability which would interfere with your work assignment? If yes, explain.	*	
38. Have you ever filed an application for employment with any Seminole County governmental office?	*	
39. Have you ever been employed by a Seminole County government office? If yes, indicate date(s) of employment, Department(s)/Division(s), position(s), and reason for leaving.	*	
40. Are any members of your family or relatives (by blood or marriage) employed by the Office of the Seminole County Tax Collector?	*	
41. DO YOU UNDERSTAND THAT BY MAKING APPLICATION FOR EMPLOYMENT THE APPLICATION BECOMES AVAILABLE FOR PUBLIC INSPECTION IF SUBSTANTIATED TO BE NECESSARY?		

* If you responded with a "YES" answer, please explain in the space provided under item 42, of this application.
 ** NOTE: A conviction does not automatically mean you cannot be appointed. Give all the facts so that a decision can be made.

42. Space for detailed answers, indicate item number to which answers apply.

ITEM NO.	

(If additional space is needed, attach additional sheets and reference item number.)

47. HOW DID YOU LEARN ABOUT THE VACANCY FOR WHICH YOU ARE APPLYING? (Check appropriate space.)

VACANCY SIGN / WALK-IN

WEB PAGE (www.seminoletax.org)

REGISTRATION RENEWAL INSERT

WEB PAGE (other: _____)

EMPLOYEE _____

COUNTY GOVERNMENT TV AD

APPLICANT CERTIFICATION AND AGREEMENT PLEASE READ CAREFULLY

I understand that any false answers or statements made by me on my employment application or any supplement thereto, or any false statements made to any representative of the Seminole County Tax Collector's Office during the interview process, will be sufficient grounds for immediate discharge, no matter when discovered.

I understand and agree that when hired by the Tax Collector, my appointment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice or cause. I understand that no supervisor or other representative of the Seminole County Tax Collector's Office, except the Tax Collector, has the authority to enter into any agreement for appointment for any specified period of time. If I enter into any such agreement with the Tax Collector, such agreement must be in writing.

I understand that the Seminole County Tax Collector may make a thorough investigation of my character, reputation, past employment and medical history. I authorize the giving and receiving of any such information requested by the Tax Collector (including financial and credit records) and hereby relieve and release all former employers and their agents of any liability for any information they may give to the Tax Collector. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the Seminole County Tax Collector or his agents or deputies arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with my employment application with the Seminole County Tax Collector's Office.

I understand that once employed by the Seminole County Tax Collector's Office, some potential future employer may contact Tax Collector representatives concerning my work record and my work performance at the Tax Collector's Office. I hereby consent to and authorize persons employed by the Tax Collector's Office to divulge any and all information they consider relevant to any person representing themselves to be an employer or potential employer of mine with respect to my work record and/or performance of my job at the Tax Collector's Office. I understand that all information I provided is public record and is subject to review upon request.

I agree that as an employee of the Seminole County Tax Collector's Office, if in a non-exempt position, I will be eligible to receive compensatory time in lieu of the payment of overtime at the discretion of the Tax Collector.

I authorize a criminal background search, and I agree to a physical examination if requested, including a urinalysis and/or blood test for use of illegal drugs or substances. I understand that failure to meet any job related medical and/or health requirement for the position could prevent my appointment or continued appointment by the Tax Collector.

I hereby acknowledge that the first ninety (90) days of appointment with the Tax Collector's Office constitutes an initial probationary period.

Signature _____ Date _____