



## APPLICATION INSTRUCTIONS

### Taylor County Board of County Commissioners

- **Submitting Your Application**

Current vacant positions are posted on the County's website for a minimum of ten (10) days with the option to post in other areas depending on the difficulty of filling the position. Vacancy Announcements are also posted on [www.employflorida.com](http://www.employflorida.com) and the bulletin boards in the various County offices. **You must complete an application form for each position for which you are applying.** The application must be completed in its entirety. Unsigned or incomplete applications will not be considered. By emailing your application, you are signing and attesting that all the information contained therein is accurate and verifiable. All information submitted is subject to verification.

**All applicants must register on the Employ Florida website prior to submitting your application.**

If you are applying for a position requiring a specific license, registration or certification, or degree, a copy of the document must be submitted with the application.

Applicants that require reasonable accommodations as provided by the Americans with Disabilities Act should call (850) 838-3500 Ext 113. Taylor County Board of County Commissioners is an Equal Opportunity, Veteran's Preference, background checking, and drug testing employer.

**APPLICATIONS MUST BE RETURNED TO WORKFORCE BY ONE OF THE FOLLOWING WAYS: SAVE THE APPLICATION TO EITHER A DISK OR COMPUTER AFTER YOU FILL IT OUT, THEN EMAIL TO: [EFM-Employers@fwdwb.org](mailto:EFM-Employers@fwdwb.org) AND ATTACH YOUR APPLICATION; OR PRINT AND DELIVER TO MOBILE CAREER LAB AT PERRY SQUARE (Save A Lot and Goodwill Parking Lot) ON TUESDAYS, WEDNESDAYS, OR THURSDAYS 9:00 A.M. – 4:00 P.M.; OR MAIL TO 705 E. BASE STREET, MADISON, FL. 32340 OR FAX TO 850/ 973-9757.**

- **Processing Your Application**

Once submitted, all applications are reviewed for the posted minimum qualifications. If your application reflects that you meet minimum qualifications, it will be referred to the interviewing department. The department selects the most qualified applicants and schedules the interviews.

- **Proof of Citizenship and Employment Eligibility**

The Immigration Reform and Control Act requires that all employees submit proof of citizenship and employment eligibility upon hire. If you are chosen for employment with the Taylor County Board of County Commissioners, you must submit the required documentation or proof of application for documentation.

- **Drug-Free Workplace**

All offers of employment are contingent upon the successful completion of a drug test and a physical. Failure to do so will disqualify the job applicant for consideration for County employment for one year. The taking of a drug test and physical is not an offer of employment by the Taylor County Board of County Commissioners.

# APPLICATION FOR EMPLOYMENT



## Taylor County Board of County Commissioners Equal Opportunity Employer/Drug-Free Workplace

### INSTRUCTIONS

This application must be completed in its entirety and signed. Incomplete applications will not be processed. Please print in black or blue ink or type. Photocopy is acceptable but must have an original signature. If space provided is inadequate, use additional paper as necessary.

Please furnish full name, address, zip code, and **phone numbers** of former employers and references. All statements made on this application are subject to verification. False statements are grounds for disqualification or employment termination.

**POSITION APPLYING FOR:** \_\_\_\_\_

**How did you learn about this job: (Please check one or more as applicable)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Newspaper (Name: _____ )     | <input type="checkbox"/> County Website          | <input type="checkbox"/> Another Internet Site  |
| <input type="checkbox"/> Workforce Development Center | <input type="checkbox"/> Friend/Relative         | <input type="checkbox"/> Taylor County Employee |
| <input type="checkbox"/> Professional/Trade Journal   | <input type="checkbox"/> School Placement Office | <input type="checkbox"/> Other _____            |

### PERSONAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle Initial) (Email address)

Home Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Phone # (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Home Phone) (Work Phone) (Alternate)

If information necessary to process this application is under a different name (i.e. maiden name), please include such name(s) in the space provided: \_\_\_\_\_

### EDUCATION AND TRAINING

School	Name/Address	Major/Minor	Level Completed	Graduated	Degree
Elementary		n/a	5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	n/a
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College/ or University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational or Technical			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1 2 3 4		

Please attach copies of diploma and/or transcripts as appropriate from last institution of higher education attended. Also attach copies of any professional certifications.

## WORK HISTORY

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Please list ALL employment experience in detail beginning with your current or most recent job. Use a separate block to describe each position. If more than one position was held with the same employer, also list information in the next block. You must account for all periods including unemployment and service in the Armed Forces. **Provide an explanation for any gaps in employment.** If you were employed under a different name, please include that name. Additional information in resumes will be considered. **All** other information in this section must be completed (**Telephone numbers are very important**)

### Specific Duties

Present or Last Employer: \_\_\_\_\_

Address \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Dates Employed (From): \_\_\_\_\_ (To): \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Phone # \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving or Considering Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Address \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Dates Employed (From): \_\_\_\_\_ (To): \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Phone # \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving or Considering Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Address \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Dates Employed (From): \_\_\_\_\_ (To): \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Phone # \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving or Considering Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Address \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Dates Employed (From): \_\_\_\_\_ (To): \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Phone # \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving or Considering Leaving: \_\_\_\_\_

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**REFERENCES:**

List the names of three persons not related to you whom you have known at least one year.

NAME	ADDRESS	PHONE NUMBER

**BACKGROUND INFORMATION**

Yes No

1. Are you a U.S. Citizen?		
2. If no, do you possess an I-151 Card, an I-1551, or an I-94 Card stamped "Employment Authorized"?		
3. Have you ever been convicted of a felony or a first-degree misdemeanor? <b>Explain</b>		
4. Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first-degree misdemeanor? <b>Explain</b>		
5. Have you ever had the adjudication of guilt withheld to a crime which is a felony or a first-degree misdemeanor? <b>Expl.</b>		
6. Have you ever been discharged/fired from employment? (If so, please <b>explain</b> )		
7. Have you ever resigned/quit after being informed that your employer intended to discharge/fire you? <b>Explain</b>		
8. Have you ever been employed by Taylor County Government. (If yes, list dates, departments & reason for leaving)		
9. Are any members of your family or relatives employed by the Taylor County Board of County Commissioners? <b>Explain</b>		
10. Do you have the legal right to work in the United States?		

Space for detailed answers to above questions. Please indicate question number to which answers apply. Use additional paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVERS LICENSE**

Do you possess a current, valid driver's license?  Yes  No

If no, state reason: \_\_\_\_\_

Check the appropriate box to indicate which driver's license you possess:

- |   |   |
|---|---|
| <input type="checkbox"/> Commercial Driver's License, Class A | <input type="checkbox"/> Commercial Driver's License, Class D                   |
| <input type="checkbox"/> Commercial Driver's License, Class B | <input type="checkbox"/> Commercial Driver's License, Class E (Regular License) |
| <input type="checkbox"/> Commercial Driver's License, Class C |   |

**SIGNATURE CERTIFICATION AND RELEASE OF INFORMATION**

YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN:

I certify that each answer to any question herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject matter. I understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification or to discharge at any time.

If employed by the County of Taylor, I agree to comply with all its orders, rules, and regulations. I authorize release of all the information contained herein and hereby release the County of Taylor, its employees, my reference, my former employers, and schools, and all individuals connected therewith, from all liability for any damages or injury whatsoever related to the taking of pre-employment examinations and the furnishing or use of this or related information. I am aware that this application is subject to the provision of FS 119 and as a "Public Record" may be open for personal inspection by any person. I understand that any offer of employment is conditional upon my taking and passing a pre-employment physical examination, which includes a drug-screening test.

**Signature:** (Sign application in dark ink) \_\_\_\_\_ **Date:** (Month, day, year) \_\_\_\_\_

**OFFICE SKILLS:** (Please check areas of competency)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Calculator                             | <input type="checkbox"/> Filing                | <input type="checkbox"/> Typing: _____ wpm               |
| <input type="checkbox"/> Dictaphone                             | <input type="checkbox"/> Switchboard           | <input type="checkbox"/> Shorthand: _____ wpm            |
| <input type="checkbox"/> Personal Computer                      | <input type="checkbox"/> Spreadsheets/Database | <input type="checkbox"/> Office Equip (fax, copier, etc) |
| <input type="checkbox"/> Software/Computer Applications : _____ |  |  |
| <input type="checkbox"/> Other (please list): _____             |  |  |
| _____   |  |  |
| _____   |  |  |
| _____   |  |  |

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**TRADE SKILLS:** (Please check areas of competency)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Masonry                    | <input type="checkbox"/> Automotive/Mechanical  | <input type="checkbox"/> Map Preparation            |
| <input type="checkbox"/> Welding                    | <input type="checkbox"/> Automotive/Electronics | <input type="checkbox"/> Map Reading                |
| <input type="checkbox"/> Pipefitting                | <input type="checkbox"/> AirConditioning Repair | <input type="checkbox"/> Rough Carpentry            |
| <input type="checkbox"/> Electrical Repair Work     | <input type="checkbox"/> Automotive/Bodywork    | <input type="checkbox"/> Finished Carpentry         |
| <input type="checkbox"/> Painting                   | <input type="checkbox"/> Plumbing               | <input type="checkbox"/> Reading Blueprints         |
| <input type="checkbox"/> Grounds keeping            | <input type="checkbox"/> Refrigeration/Repair   | <input type="checkbox"/> Drafting/Graphics          |
| <input type="checkbox"/> Asphalt Repair             | <input type="checkbox"/> Roofing                | <input type="checkbox"/> Heavy Equipment/Mechanical |
| <input type="checkbox"/> Other (please list): _____ |   |   |
| _____   |   |   |
| _____   |   |   |
| _____   |   |   |

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**EQUIPMENT SKILLS:** (Please check areas of competency)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cranes            | <input type="checkbox"/> Pay Loaders                | <input type="checkbox"/> Power Tools    |
| <input type="checkbox"/> Ditching Machines | <input type="checkbox"/> Power Mowers               | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Air Hammers       | <input type="checkbox"/> Tractors                   | <input type="checkbox"/> Bulldozers     |
| <input type="checkbox"/> Hydraulics        | <input type="checkbox"/> Other (please list): _____ |   |
| _____                                      |   |   |
| _____                                      |   |   |
| _____                                      |   |   |

**MILITARY:**

Have you ever served in the armed forces?  Yes  No If yes, what branch? \_\_\_\_\_  
Tours of duty \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge: \_\_\_\_\_  
mo/day/year mo/day/year Type of discharge: \_\_\_\_\_  
(Honorable, General, Dishonorable)

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**VETERANS' PREFERENCE:** (Complete this section **only** if you are claiming Veterans' Preference)  
If you have worked for a government agency since your military service, your preference has already been utilized.

Are you claiming veterans' preference?  Yes  No

**If yes, a copy of Form DD214 and/or Veterans Administration documentation must be attached.**

Have you, since October 1, 1987, entered into covered employment by a covered employer after having claimed preference  
 Yes  No If yes, give name of employer. \_\_\_\_\_

Check appropriate box if you are claiming preference.

- 1. A veteran with a compensable service-connected disability who 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, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was discharged or separated there from with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era. Active duty for training is not allowable, or
- 4. The unremarried widow/widower of a veteran who died of a service-connected disability.

**Signature** \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ATTENTION**

**THIS STATEMENT MUST BE SIGNED TO BE CONSIDERED FOR EMPLOYEMENT.  
READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING**

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I understand that the Florida State Supreme Court has ruled that all information supplied while making application for employment with all state, county, and municipal entities and agencies, becomes a part of Public Record under provisions of Chapter 119 of Florida Statutes, and as such must be made available to interested parties upon specific request.

Taylor County has my authorization to thoroughly investigate my work, education, medical, criminal, and personal history that are job-related. I will hold no person, corporation or organization liable for giving or receiving information in this investigation.

I understand that all information I provide will be considered in reviewing my application, and that a false or unanswered question may be grounds for not employing me, or for dismissing me after I begin work. All statements are subject to verification, including a check of my fingerprints, police records (criminal & traffic), education, and present and former employers.

I understand that if selected for employment, I must furnish a paper social security card before receiving payment of wages or salaries and take on oath or affirmation of allegiance (Loyalty Oath, Florida Statute, Section 876.05). If I am given a conditional offer of employment, I understand I will be required to complete a post-job offer medical history questionnaire and undergo a medical examination by a County physician. All entering employees in the same job category will be subject to the same medical questionnaire and examination and all information will be kept confidential and in separate files. I also understand that a false or unanswered question may be grounds for not employing me or dismissing me after I begin work.

If accepted for employment, I clearly understand that the County makes every effort to provide steady, continuous work, but cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economics conditions, changes in laws or employee policies, conformity to work rules, job performance, etc. And, of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Taylor County Board of County Commissioners is for no specific term and may be terminated by Taylor County or me. I further understand that no oral promise, policy, customary business practice or other procedure (including County Personnel Handbook or personnel manuals) constitutes an employment contract or modifications of the at-will relationship between Taylor County and me.

I understand that if offered employment by the Board, I must submit to a drug test and successfully complete such drug test prior to employment in such position. Failure to do so will disqualify me for consideration for County employment for one year as Taylor County Board of County Commissioners is a Drug-Free Workplace.

I further understand that, if hired, I am required to abide by all rules, regulations, and policies of the Taylor County Board of County Commissioners; failure to do so can result in discharge at any time.

By my signature, I hereby authorize Taylor County Board of County Commissioners to obtain employment references from my former employers.

**CERTIFICATION – I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.**

**SIGNATURE** \_\_\_\_\_

DATE: \_\_\_\_\_

## VOLUNTARY MULTI-CULTURAL STATISTICAL INFORMATION

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The Taylor County Board of County Commissioners is an equal opportunity employer and strives to enhance its multi-cultural workforce. All qualified applicants are encouraged to apply.

We would appreciate your completion of the information listed below. It will aid us in our commitment to Equal Opportunity Employment

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

SS#: \_\_\_\_\_

Sex:  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Race/Ethnic Category: (check one only)

- WHITE (not of Hispanic or Latino) – Persons having origins in any of the original peoples of Europe, North Africa or the Middle East including people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.
- BLACK OR AFRICAN AMERICAN (not of Hispanic origin) – Person having origins in any of the black racial groups of Africa including Kenyan, Nigerian, or Haitian.
- HISPANIC OR LATINO – Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ASIAN – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands. The area includes, for example, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands Thailand, and Vietnam.
- AMERICAN INDIAN OR ALASKAN NATIVE – Persons having origins in any of the original peoples of America and maintain cultural identification through tribal affiliation or community recognition.
- TWO OR MORE RACES -

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NOTE: It is unlawful for an employer to fail or to refuse to hire any individual or deprive any individual of employment opportunities because of race, color, religion, sex, national origin, age, marital status or disability.

