



## ALACHUA COUNTY TAX COLLECTOR APPLICATION FOR APPOINTMENT

Your application may be submitted in-person, by mail or faxed to our office.  
You may include your resume and cover letter with your application.  
For questions in regards to your application you may call (352) 264-6942.

### In-Person

You may deliver to any one of our three locations:

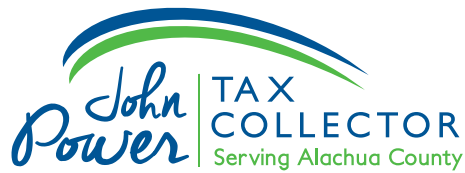
Southwest Location	Northwest Location	Downtown Location
3207 SW 35th Blvd	5801 NW 34th Blvd	12 SE 1st Street
Gainesville, FL 32608	Gainesville, FL 32653	Gainesville, FL 32601

### By Mail

Alachua County Tax Collector  
PO Box 142578  
Gainesville, FL 32614

### Fax

(352) 381-0158



## ALACHUA COUNTY TAX COLLECTOR APPLICATION FOR APPOINTMENT

**Date:** \_\_\_\_\_

The Alachua County Tax Collector is an equal opportunity employer. We are dedicated to non-discrimination in employment without regard to race, national origin, religion, gender, age, sexual orientation, color, marital status, veteran status, physical or mental disability or any other legally protected status.

### Please Tell Us About Yourself

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>
<b>Present Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Permanent Street Address</b> (If same as above, leave blank):		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>	<b>E-mail:</b>	
Are you 18 years of age or older?		Yes	No	
Have you ever applied for a position with the Alachua County Tax Collector before? When?		Yes	No	
Are you related to anyone who works for the Alachua County Tax Collector? If "yes", state name, department, and relationship:		Yes	No	
Do you claim veterans' preference? (If so please complete page 4 of this application)		Yes	No	
Are there any criminal charges pending against you? If "yes", explain on a separate sheet of paper.		Yes	No	

### Position & Availability

<b>Position Desired:</b>		<b>Start Date:</b>			<b>Salary Desired:</b>	
	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	
<b>FROM</b>						
<b>TO</b>						
Summer:		School Year:			All Year:	
Minimum number of work hours desired:				Maximum number of work hours desired:		

## Background Information

Have you ever been convicted of a felony or a first degree misdemeanor? Yes      No

If "yes", what charges?

Where?

Date:

Have you ever pleaded nolo contendere or guilty to a crime which is a felony or a first degree misdemeanor?

Yes      No

If "yes", what charges?

Where?

Date:

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor?

Yes      No

If "yes", what charges?

Where?

Date:

**Note:** A "yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. [ §112.001, F.S.]

## Education

Type of School	Name of School	Location (City & State)	Major Subject	Graduated? Degrees?
High School				
College				
Graduate School				
Business, Trade/Vocational, or Apprentice				
Certification(s)				

## References

**List below the names of three people not related to you, whom you have known for at least one year:**

Name:	Daytime Phone:	Occupation/Business:
Name:	Daytime Phone:	Occupation/Business:
Name:	Daytime Phone:	Occupation/Business:

## Driving Record

Do you possess a valid driver license?	Yes      No	DL Class:
Have you had a suspension or of your driver license within the last five years?	Yes      No	

## Employment History

Are you employed now? Yes  No

If so may we inquire with your present employer? Yes  No

Have you ever worked for any employer(s) under a different name? Yes  No

If "yes", which employer(s) under what name(s):

With your previous employer(s) have you ever been terminated, demoted, suspended, placed on probation, or been counseled? Yes  No

If "yes", describe reason:

**Starting with your current or last job, discuss all periods of employment, including self employment, military services and volunteer work. Please account for all periods of unemployment. Use additional sheets if necessary.**

<b>Name of Employer:</b>			<b>Dates of Employment</b>	
			<b>To:</b>	<b>From:</b>
<b>Street Address of Employer:</b>			<b>Beginning Salary:</b>	<b>Ending Salary:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Job Title:</b>	
<b>Supervisor's Name/Title/Phone:</b>				<b>Hours worked per week:</b>
<b>Description of Job Duties &amp; Responsibilities:</b>				
<b>Reason(s) for Leaving:</b>				

<b>Name of Employer:</b>			<b>Dates of Employment</b>	
			<b>To:</b>	<b>From:</b>
<b>Street Address of Employer:</b>			<b>Beginning Salary:</b>	<b>Ending Salary:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Job Title:</b>	
<b>Supervisor's Name/Title/Phone:</b>				<b>Hours worked per week:</b>
<b>Description of Job Duties &amp; Responsibilities:</b>				
<b>Reason(s) for Leaving:</b>				

<b>Name of Employer:</b>			<b>Dates of Employment</b>	
			<b>To:</b>	<b>From:</b>
<b>Street Address of Employer:</b>			<b>Beginning Salary:</b>	<b>Ending Salary:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Job Title:</b>	
<b>Supervisor's Name/Title/Phone:</b>				<b>Hours worked per week:</b>
<b>Description of Job Duties &amp; Responsibilities:</b>				
<b>Reason(s) for Leaving:</b>				

## Veterans' Preference

Printed Name (Last, First, Middle Initial):

Position title for which you are applying:

### Veterans' Preference Information

For the purposes of appointment retention, reinstatement, reemployment and promotion, Veterans' Preference ensures that veterans and eligible persons, are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or other eligible person will be the candidate selected to fill the position. Section 295.07, F.S., specifies who is eligible for Veterans' Preference. State of Florida residency is not required for Veterans' Preference. Completion of the Veterans' Preference section below is voluntary and will be kept confidential in accordance with the Americans with Disabilities Act. Listed below are the seven Veterans' Preference categories.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense. [Section 295.07(1)(a), F.S.]
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 or interned in line of duty by a foreign government or power. [Section 295.07(1)(b), F.S.]
3. A wartime veteran as defined in section 1.01(14), F.S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. [Section 295.07(1)(c), F.S.]
4. The un-remarried widow or widower of a veteran who died of a service-connected disability. [Section 295.07(1)(d), F.S.]
5. The mother, father, legal guardian, or un-remarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. [Section 295.07(1)(e), F.S.]
6. A veteran as defined in section 1.01(14), F.S., excluding active duty for training. [Section 295.07(1)(f), F.S.]
7. A current member of any reserve component of the United States Armed Forces or the Florida National Guard. [Section 295.07(1)(g), F.S.]

All applicants claiming Veterans' Preference must submit a DD Form 214 (member copy #4) or comparable discharge, separation or current reserve documentation that indicates the character of service as honorable. In addition, all applicants must also furnish supporting documentation in accordance with the provisions of Rule 55A-7 Florida Administrative Code. All required documents must be submitted to our office no later than the closing date of the job announcement.

Under Florida law, preference in appointment shall be given first to those persons in categories 1 or 2 and then to those in Categories 3, 4, 5, 6 or 7. If a qualified applicant claiming Veterans Preference believes he/she was not afforded employment preferences, he/she may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance 9500 Bay Pines Blvd. Room 214 St. Petersburg, FL 33708. A complaint must be filed within 60 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

### Veterans' Preference Claim

If eligible, which veterans' preference category above are you claiming? (Enter Number) \_\_\_\_\_

Have you ever received a promotional preference by virtue of veterans' preference?

Yes

No

## Background Check Information

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
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**Driver License Number and State:**

In connection with this request I authorize all corporations, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my employment, education, consumer credit history, driving record, criminal record, worker's compensation and general public history to the person or entity with which this form has been filed or their agent, the Alachua County Tax Collector or Administrator of Human Resources. This form releases the aforesaid entities from any liability and responsibility for collecting the above information. I further understand that I will be provided a written note if any adverse action is to be taken in whole or part based on the consumer report.

It is my understanding that the Alachua County Tax Collector or Administrator of Human Resources will use these reports for employment purposes and in conjunction with either my application for appointment and decisions concerning my appointment status with the Tax Collector.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## Applicant's Certification

### Please read carefully before signing:

I hereby certify that all of the facts and information listed on this appointment application are true and complete. I understand 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 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 Tax Collector 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 Tax Collector all facts, opinions, and evaluations concerning my previous employment and any other information they may have, personal or otherwise. I release all such parties from any liability which may allegedly arise from furnishing such information to the Tax Collector, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered appointment, I understand that such an offer may be conditional 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 one hundred eighty (180) day introductory period. I serve at the pleasure of the Tax Collector and I understand and agree that I am free to terminate my employment at any time with or without cause and with or without prior notice. I further understand and agree that the organization has the same right to terminate my employment and compensation at any time with or without cause and with or without notice. I understand that no director or other representative of the Tax Collector has any authority to enter into any agreement for appointment 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 appointment that I may be requested by the Tax Collector 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 tests 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.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**