WAKULLA COUNTY

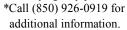
EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer

*Local Newspaper

Where To Find Vacancy Information *Tallahassee Democrat

*County agency personnel offices



add

GENERAL INSTRUCTION

- *Please type or print in ink.
- *To be considered for employment, complete your application in its entirely, sign in the certification section and specify the position for which you are applying.
- *Your application must be received by the office announcing the vacancy by the closing date.
- *A **separate** application must be submitted for each vacancy.
- *Photocopies are acceptable.
- *All information you submit is subject to verification.
- *Wakulla County hires only U.S. citizens and lawfully authorized alien workers.
- *If you need any assistance completing this application, please call our personnel office at (850) 926-0919 or TDD (850) 926-1201 in advance.
- *If claiming Veterans' Preference, complete the Veterans' Preference Section and include a copy of your DD214.
- *All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.
- *All Applications will be kept on file for one (1) year.

POSITION APPLIED FOR				
Title:				
Department of Interest:				
Date Available:				
Status: Part-Time Full-Time Temporary				
Minimum Acceptable Salary: Open				
HOW DO WE CONTACT YOU				
Applicant's Name Applicant's Mailing Address				
City State Zip Code				
Home Phone				
In Case of Emergency Notify (1st) Phone Number				
In Case of Emergency Notify (2 nd) Phone Number				

EDUCATION

HIGH SCHOOL:					
Name/Address of School:			Received: Diploma	Other (Please Specify	() None
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:					
COLLEGE, UNIVERS	SITY OR PROFE	SSIONAL SCHO	OL: (Transcripts May	Be Required)	
		DATES OF	CREDIT HOURS	MAJOR/MINOR	TYPE OF DEGREE
NAME OF SCHOOL	LOCATION	ATTENDANCE	EARNED	COURSE OF	EARNED
		(MONTH/YEAR)	(QTR. OR SEM.)	STUDY	
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:					
JOB-RELATED TRAI	NING OR COUR	RSE WORK: (Voc	ational, Trade, Governme	ental, Business, Armed	Forces, ETC.)
		DATES OF	CREDIT HOURS	COURSE OF	TRAINING
NAME OF SCHOOL	LOCATION	ATTENDANCE	EARNED	STUDY	COMPLETED?
		(MONTH/YEAR)	(QTR. OR SEM.)		(YES OR NO)
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:					

LICENSE, REGISTRATION, CERTIFICATION (EXAMPLES: Driver's License, Teacher Certification, Etc.)

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

PERIOD OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Including military service (indicate rank) and job-relating volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets using the same format as on the application. **Resumes are acceptable for the description of duties and responsibilities only.** All other information in this section must be completed.

ame of Present or Last Employer:		
ddress:		Phone Number:
our Job Title:		Supervisor's Name:
rom://	To:/	Your Name If Different During Employment
		Ending:
uties and Responsibilities:		
eason For Leaving:		
ame of Next Previous Employer:		
ddress:		Phone Number:
our Job Title:		Supervisor's Name:
rom:/	To:/	Your Name If Different During Employment
		Ending:
outies and Responsibilities:		<u> </u>
leason For Leaving:		
ame of Next Previous Employer:		
ddress:		Phone Number:
<u>-</u>		
rom:///	To:// Month Day Year	Your Name If Different During Employment
ours Worked Per Week:I		
outies and Responsibilities:		

Address:		Phone Number:	
Your Job Title:		Supervisor's Name:	
From: / /	To:/		
Month Day Y	Year Month Day Year	Your Name If Different Du	ring Employment
Hours Worked Per Week:	Hourly Rate/Salary: Starting:	Ending	:
Duties and Responsibilities:			
Reason For Leaving:			
Name of Next Previous Employ	er:		
Address:		Phone Number:	
	To: / / / Year Month Day Year		
Month Day Y	Year Month Day Year	Your Name If Different Du	ring Employment
Reason For Leaving:			
CIALIZED SKILLS (C	Check Skills/Equipment Operated) Microsoft Excel	Production/Mobile Machinery (list):	Other (list):
Calculator	Microsoft Word		
Typewriter	Microsoft Outlook		
Fax	Copy Machine		
	formation you feel may be held	oful to us in considering s	our application
	formation you feel may be hel	oful to us in considering y	our application.
	formation you feel may be hel	oful to us in considering y	our application.
	formation you feel may be hel	oful to us in considering y	our application.

REFERENCES		
1.		
	(Name)	(Phone Number)
	(Address)	
2.		
	(Name)	(Phone Number)
_	(Address)	
3.		
	(Name)	(Phone Number)
	(Address)	
VETERANS' PRE	FERENCE INFORMATION	
Completion of the Veter are the four Veterans' Pr	ans' Preference section is made on a voluntary basis and ke eference categories:	pt confidential as permitted by law. Listed below
1. A veteran	with a service-connected disability who is eligible for or der public laws administered by the U.S. Department of Veter	
-	of a veteran who cannot qualify for employment because of	•

- 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 one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America,
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Preference may be given only to eligible persons under one of the categories described above and who are residents of the State of Florida. The preference does not apply to any position exempted by operation of Section 295.07(4)(b), F.S.

A **DD214** or compared document, which services as a certificate or release claim, must be furnished at the time of application. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in 1.01(14), F.S. Under Florida law, preference in appointment shall be given first to those persons in categories 1 and 2 and then those in categories 3 and 4.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, Post Office Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of 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.

RAN'S PREFERENCE CLAIM (Please see above instructions) NAME:
 IF ELGIBLE, WHICH VETERANS' PERFERENCE CATEGORY ARE YOU CLAIMING? (Please indicate number from Veterans' Preference information section above)

Have you ever been employed by any state or any of its political subdivisions (such as counties or cities) prior to the date on this NO applications? YES

NOTE: If you are claiming Veterans' Preference, you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

LAW ENFORCEMENT BACKGROUND		
ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE OR THE OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER 119.07(3)(K)1, F.S.?	SPOUSE C	OR CHILD
	YES	NO
**Other covered jobs include: correctional probation officers, fire fighters, certain judges, assistant state attorneys, assistant and statewi investigators in the Department of Health and Rehabilitative Services {SEE 119.07(3)(k)1,F.S.}	de prosecutors	, and certain
BACKGROUND INFORMATION (PLEASE RESPOND TO THIS SECTION ONLY IF NOTED CEMPLOYMENT ADVERTISEMENT)	ON	
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY OR NO CONTEST TO A CRIME, HAD ADJUDICATION WITHHELD FOR A CRIMINAL OFFENSE, ENTERED A PRE-TRIAL INTERVENTION OR DIVERSION PROGRAM OR BEEN PLACED ON COURT-ORDERED PROBATION?	YES	NO
If "YES", give details concerning the type of crime, the date of conviction, the plea of guilty, the plea of no withheld, probation or pre-trial diversion ordered, and the penalty imposed. (Attach separate paper if necessary.		udication
HAVE YOU EVER BEEN A DEFENDANT IN A CIVIL LAWSUIT ALLEGING AN INTENTIONAL TOR' NOT LIMITED TO, ASSAULT, BATTERY, INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS, PRIVACY RIGHTS?	/	
If "YES", please provide the nature of the intentional tort, and the disposition of the lawsuit. (Attach separate page)	per if necess	sary)
NOTE: Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offer of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the expunged, or statutorily eradicated, any conviction for which probation has been successfully completed or otherwise discharges and the dismissed, and referrals to and participation in any pretrial or post-trial diversion programs.)	he record has	been sealed,
CITIZENSHIP		
ARE YOU AN U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?	YES	NO
NOTE: The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is ma provide proof of citizenship or authorization to work in the U.S.	de, you will b	e required to
RELATIVES		
TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?	YES	NO
If "YES", Who?Relation:		
SELECTIVE SERVICE SYSTEM REGISTRATION		
IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTE	RATION W	TH THE

SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION?

YES

NO

and, if I am hired, may be grounds for termination at a later date. law. I consent to the release of information about my ability, em enforcement agencies, and other individuals and organizations to County Government for employment purposes. I also authorize background check. By signing below, I also agree to allow the Co and Social Media websites and to allow such information to influe shall continue to be effective during my employment, if I am hired.	hisrepresentations above may disqualify me for employment consideration I understand that any information I give may be investigated as allowed by aployment history and fitness for employment by employers, schools, law investigators, personnel staff, and other authorized employees of Florida e the procurement of a consumer report as part of the pre-employment bunty to conduct checks of all information that is discoverable on Internet ence both interviewing and hiring decisions for employment. This consent I understand that applications submitted for county employment are public all statements contained herein and on my attachment are true , correct ,
SIGNATURE:	DATE:
WITNESS SIGNATURE:	DATE:

NOTE: Applicants may be subjected to a FDLE background check and urinalysis drug test.

EQUAL OPPORTUNITY APPLICANT SURVEY

The following information is requested on a voluntary basis to allow us to evaluate the effectiveness of our equal employment opportunity/affirmative action programs. The data will be used strictly for research and reporting purposes, and will not be used in any way as part of the hiring decision. Please note that the survey is anonymous, you are not required to provide your name or any other information, which would specifically identify the applicant. Your cooperation will be greatly appreciated.

Today's Date:		
Position applying for:		
Sex: ☐ Male ☐ Fe	emale Age:	
Racial/Ethnic Data (check one):		
	cican, Puerto Rican, Cuban, Centr regardless of race.	ral or South American or other Spanish
☐ Asian or Pacific Islander:	Southeast Asia, the Indian Sub	of the original peoples of the Far East, continent, or the Pacific Islands. This ea, Samoa, India and the Philippines.
☐ Black (not Hispanic origin):	: A person having origins in a North Africa or the Middle Ea	any of the original peoples of Europe, ast.
□ White (not Hispanic origin)	A person having origins in a North Africa or the Middle Ea	any of the original peoples of Europe, ast.
☐ American Indian or Alaska	North America, and	gins in any of the original peoples of who maintains cultural identification tion or community recognition.
Disabled status:	□ NO	
Nature of Disability:		
How did you learn about the job?		
☐ Wakulla News	□ Walk-in	□ Call-in
☐ Tallahassee Democrat	☐ County Employee	☐ Friend
☐ Job Line	☐ Job announcement at _	
□ Other:		