Escambia County Property Appraiser

Employment Application

Equal Opportunity Employer
Affirmative Action Employer
& Drug free Employer

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POSITION APPLIED FOR

Title: _____

Date Available: ____/____/____

Minimum Acceptable Salary: _____

GENERAL INSTRUCTIONS

- Complete this application in its entirety.
- Specify the position for which you are applying. (**Note:** A **separate** application must be submitted for each vacancy. Photocopies are acceptable.)
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.
- Notify the PA Office in advance if you require special disability accommodations to participate in the employment process.
- We are an equal opportunity employer, dedicated to nondiscrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability or marital status.
- We are a drug free employer.

HOW DO WE CONTACT YOU?

Your Name

Social Security Number (for office use only)

Your Mailing Address

City State Zip Code

Home Phone Business Phone

E-mail Address

EDUCATION

HIGH SCHOOL

NAME / LOCATION OF SCHOOL RECEIVED: ☐ DIPLOMA ☐ OTHER (SPECIFY) ☐ NONE

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL _____

COLLEGE, UNIVERSITY OR PROFESSIONAL (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	CREDITS EARNED FROM	CREDITS EARNED TO	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL _____

JOB RELATED TRAINING OR COURSE WORK (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	CREDITS EARNED FROM	CREDITS EARNED TO	COURSE OF STUDY	TRAINING YES	TRAINING NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL _____

LICENSURE, REGISTRATION, CERTIFICATION

Examples: Driver License, Teacher Certification, RN,LPN,PE,CPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION:	NUMBER	DATE RECEIVED	EXPIRATION DATE	AGENCY

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. All information in this section **must** be completed. **Resumes may be attached to provide additional information.**

Name of Present or Last Employer: _____

Address: _____ **Phone No.:** _____

Your Job Title: _____ **Supervisor's Name:** _____

FROM: ___/___/_____ **TO:** ___/___/_____ **HOURS PER WEEK:** _____ **(** _____ **)**
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

_____

_____

_____

_____

_____

Reason For Leaving: _____

Name of Present or Last Employer: _____

Address: _____ **Phone No.:** _____

Your Job Title: _____ **Supervisor's Name:** _____

FROM: ___/___/_____ **TO:** ___/___/_____ **HOURS PER WEEK:** _____ **(** _____ **)**
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

_____

_____

_____

_____

_____

Reason For Leaving: _____

Name of Present or Last Employer: _____

Address: _____ **Phone No.:** _____

Your Job Title: _____ **Supervisor's Name:** _____

FROM: ___/___/_____ **TO:** ___/___/_____ **HOURS PER WEEK:** _____ **(** _____ **)**
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

_____

_____

_____

_____

_____

Reason For Leaving: _____

Name of Present or Last Employer: _____

Address: _____ **Phone No.:** _____

Your Job Title: _____ **Supervisor's Name:** _____

FROM: ___/___/___ **TO:** ___/___/___ **HOURS PER WEEK:** _____ **(** _____ **)**

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

_____

_____

_____

_____

_____

Reason For Leaving: _____

Name of Present or Last Employer: _____

Address: _____ **Phone No.:** _____

Your Job Title: _____ **Supervisor's Name:** _____

FROM: ___/___/___ **TO:** ___/___/___ **HOURS PER WEEK:** _____ **(** _____ **)**

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

_____

_____

_____

_____

_____

Reason For Leaving: _____

Name of Present or Last Employer: _____

Address: _____ **Phone No.:** _____

Your Job Title: _____ **Supervisor's Name:** _____

FROM: ___/___/___ **TO:** ___/___/___ **HOURS PER WEEK:** _____ **(** _____ **)**

YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

_____

_____

_____

_____

_____

Reason For Leaving: _____

If needed, attach additional sheets, using the same format as on the application. **Resumes may be attached to provide additional information.**

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe **relevant to the position you see**k, such as appraisal knowledge, computer mapping skills, fluency in language(s), etc.

_____

_____

_____

_____

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07, F.S.? YES NO

**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families Services [see §119.07, F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? ☐ YES ☐ NO

If "YES", what charges?

_____

Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED 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.

CITIZENSHIP

The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S. This information will be confirmed through the Department of Homeland Security E-Verify system.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? ☐ YES ☐ NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY? ☐ YES ☐ NO

SELECTIVE SERVICE SYSTEM REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION? ☐ YES ☐ NO

CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, social media, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Escambia County Property Appraiser's Office for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for government employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: _____ DATE: ___/___/_____

Driving Record

Do you have a valid driver license? ☐ YES ☐ NO What class of license do you possess? _____

Driver License Number: _____

Have you ever had your license or driving privileges revoked, suspended, or placed on probation? ☐ YES ☐ NO

If yes, please explain (include when, where, and what action was taken): _____

_____

_____

_____

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 pages if necessary)

Date	Location	Description	Results

References: Give below the names of three (3) persons not related to you, whom you have known at least one (1) year

Name	Address	Phone	Years Acquainted

In case of Emergency, Clearly Notify:

_____

Name

_____

Address

_____

_____

City State Zip Code

_____

Home Phone Business Phone

Your Name: _____

Position Title for Which You are Applying: _____

VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four 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, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent 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 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, or
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

A **DD214** or comparable document which serves as a certificate of release or discharge **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, F.S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

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, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 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 ARE YOU CLAIMING?
(Please indicate number from Veterans' Preference Information section above.) ☐

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA? ☐ YES ☐ NO

ARE YOU A RESIDENT OF THE STATE OF FLORIDA? ☐ YES ☐ NO

NOTE: If you are claiming Veterans' Preference you **must** meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.