

Application Process

You must complete an application for each position for which you are applying. The application must be completed in its entirety. Unsigned or incomplete applications will not be considered.

All applicants must complete a 2-part application process:

1. **Register and complete an on-line profile with Career Source at www.employflorida.com**
Completed applications are only accepted from applicants that have created/completed General Information and Background under individual profiles with Employ Florida.
You only have to complete an on-line profile with Employ Florida once, but it is a lengthy process and it does require a computer.
The website is www.employflorida.com.
2. **Fill out and sign the attached application and submit to Career Source:**
 - You can hand write your application, and email it to:
EFM-Employers@careersourcenorthflorida.com.
 - You can hand deliver to the **Career Source** located inside **Big Bend Technical College**:
3233 S. Byron Butler Parkway Perry, Florida
 - You can hand deliver it or mail it to Career Source:
705 E. Base Street, Madison, Florida 32340
 - You can fax it to the Career Source in Madison at 850.973.9757

Positions are open until filled. Taylor County Board of County Commissioners is an Equal Opportunity, Veteran's Preference, background checking, drug testing employer.

Taylor County Public Library has free internet/ computers available for public use.

Located at: 403 N. Washington Street, Perry, Florida 32347.

Hours: Monday – Friday 8:30 am to 5:30 pm.

If you need assistance filling out your on-line application on

www.employflorida.com

- **The Career Source Office** has free internet/computers and staff to help you create an on-line profile.
Located at: 705 E. Base Street Madison, Florida 32340
Phone Number: 850.973.9675
Hours: Monday-Thursday 7:30 am – 5:30 pm, Friday 8:00 am to 4:00 pm
- **Career Source at Big Bend Technical College** has free internet/ computers and staff to help you create an on-line profile.
Located at: 3323 S. Byron Butler Parkway Perry, Florida 32348
Hours: Mondays, Tuesdays, and Wednesdays
9:00 am – 12:30 pm or 1:00 pm to 4:00 pm

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	

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

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 # _____

Reason for Leaving or Considering Leaving: _____

Previous Employer: _____

Address _____

Job Title: _____ Hours Worked: _____

Dates Employed (From): _____ (To): _____

Supervisor's Name & Title _____ Phone # _____

Reason for Leaving or Considering Leaving: _____

Previous Employer: _____

Address _____

Job Title: _____ Hours Worked: _____

Dates Employed (From): _____ (To): _____

Supervisor's Name & Title _____ Phone # _____

Reason for Leaving or Considering Leaving: _____

Previous Employer: _____

Address _____

Job Title: _____ Hours Worked: _____

Dates Employed (From): _____ (To): _____

Supervisor's Name & Title _____ Phone # _____

Reason for Leaving or Considering Leaving: _____

REFERENCES:

List the names of three persons not related to you whom you have WORKED with in the past 7 years.

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 discharged/fired from employment? (If so, please explain)		
4. Have you ever resigned/quit after being informed that your employer intended to discharge/fire you? Explain		
5. Have you ever been employed by Taylor County Government. (If yes, list dates, departments & reason for leaving)		
6. Are any members of your family or relatives employed by the Taylor County Board of County Commissioners? Explain		
7. 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): _____		

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): _____		

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 _____
mo/day/year mo/day/year

Rank at discharge: _____

Type of discharge: _____
(Honorable, General, Dishonorable)

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 unmarried 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

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

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 or 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.

PERSONAL INQUIRY WAIVER

ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____

POSITION APPLIED FOR: _____

I authorize the Taylor County to perform a background investigation to assist the County in determining my suitability for the position I am seeking.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

SIGNATURE OF APPLICANT _____

DATE _____

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Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with enrollment instructions.

Name _____ SSN (last 4 digits) _____

Agency Name _____

Previous or Current FRS Employer _____

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE _____

DATE _____

II. I was or currently am a member of the following State of Florida administered retirement plan (**also complete Section III or IV**)¹

- ☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ State University System Optional Retirement Program (SUSORP)
☐ State Community College System Optional Retirement Program (SCCSORP) ☐ Senior Management Service Optional Annuity Program (SMSOAP)
☐ Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through the 12th months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

SIGNATURE _____

DATE _____

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan was _____.

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE _____

DATE _____

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan including DROP (does not include a withdrawal of employee contributions), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or other state administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer, you may only be reemployed as a school resource officer by an FRS-covered employer during the 7th through 12th months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.