

APPLICATION FOR APPOINTMENT
Escambia County, Florida
OFFICE OF THE TAX COLLECTOR

We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status, or any other protected legal class.

Date: _____ Social Security No.: _____

Name: _____ Are you 18 years or older? Yes No
Last First Middle

Address: _____
Street City State Zip

Email address for corresponding: _____

Phone No.: (____) _____ Referred by: _____

If related to anyone who works for the tax collector, state name, department, and location: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Are you employed now? Yes No May we inquire of your present employer? Yes No

Ever applied to this tax collector? Yes No Where? _____ When? _____

Are there any days, shifts, or hours you will not work? Yes No _____

If yes, please explain: _____

TOBACCO & DRUG USE POLICY: Applicants for positions within the office of the Escambia County Tax Collector must verify their non-use of drugs and tobacco products in order to be considered for employment.

BODY PIERCING AND TATTOO POLICY: With the exception of the ears, all visible body piercings must be concealed with clothing or bandages during office hours. Tongue piercings are prohibited. A maximum of five earrings is allowed per ear; individuals may not wear ear gauges to work without flesh-colored inserts to match their skin tone. All visible tattoos above the knee must be concealed with clothing, makeup, or bandages during office hours.

My signature indicates my understanding and willingness to comply with the above policies.

Applicant Signature Date

EDUCATION

	Name of School (include City and State)	Degree/Certificate	Area of Study	Average Grade
High School				
College				
Trade, Business, or Correspondence				
Other (including graduate school)				

PREVIOUS 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. Include 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: _____ Salary: _____

Address: _____ Phone Number: (____) _____
Street City State Zip

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ TO: _____ Hours Per Week: _____ (____)
MM/DD/YY MM/DD/YY Your name if different during employment.

Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Previous Employer: _____ Salary: _____

Address: _____ Phone Number: (____) _____
Street City State Zip

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ TO: _____ Hours Per Week: _____ (____)
MM/DD/YY MM/DD/YY Your name if different during employment.

Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Previous Employer: _____ Salary: _____

Address: _____ Phone Number: (____) _____
Street City State Zip

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ TO: _____ Hours Per Week: _____ (____)
MM/DD/YY MM/DD/YY Your name if different during employment.

Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Previous Employer: _____ Salary: _____

Address: _____ Phone Number: (____) _____
Street City State Zip

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ TO: _____ Hours Per Week: _____ (____)
MM/DD/YY MM/DD/YY Your name if different during employment.

Duties and Responsibilities: _____

Reason for Leaving: _____

If necessary, attach additional sheets using same format as application.

VETERAN'S PREFERENCE

Have you served in the United States military? Yes No

Do you claim veteran's preference? Yes No If yes, please select which veteran's preference category you are claiming below.

- As a veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension.
- As a spouse of a veteran who cannot qualify for employment because of a total disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
- As a veteran of any war who has served on active duty during a wartime era.
- As the unremarried widow or widower of a veteran who died of a service-connected disability.

YOU MUST SUBMIT A COPY OF YOUR DD-214

1) Have you ever received any written reprimands or disciplinary suspensions during any previous employment? Yes No

If yes, please explain: _____

2) Have you ever been discharged or asked to resign? Yes No

If yes, please explain (include by whom, when, and for what): _____

3) Have you ever been convicted of, or pled guilty, no contest, or *nolo contendere* to a crime? Yes No

If yes, give details (date, place, offense(s), disposition, etc.): _____

4) Have you ever been charged with a crime and been placed on court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? Yes No

If yes, give details (date, place, offense(s), disposition, etc.): _____

5) Are you able to speak, read, and/or write any foreign language? Yes No

If yes, indicate language and proficiency level: _____

DRIVING RECORD:

Do you have a valid driver license? Yes No What class of license do you possess? _____

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	Result

REFERENCES: Give below the names of three persons not related to you who you have known at least one year.

Name	Phone	Address	Business	Years Acquainted

APPOINTMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this appointment application are true and complete. I understand that 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 that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal. I understand the Social Security number I have provided will be used for purposes of: employment eligibility, criminal history check, federal requirements, financial requirements, insurance, and workers' compensation. I hereby authorize the tax collector and/or Landrum Staffing Services, Inc. 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 the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the tax collector and/or Landrum Staffing Services, Inc. all facts, opinions, and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability that may allegedly arise from furnishing such information to the tax collector and/or Landrum Staffing Services, Inc., 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 conditioned upon satisfactory results of a background investigation. If then employed, I understand that no supervisor or other representative of the tax collector other than the tax collector has any agreement contrary to the foregoing. I further understand and voluntarily agree as a condition of appointment and of my continued appointment, that I may be requested by the tax collector to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for appointment, or if I am then appointed, may result in my immediate dismissal.

I understand that I may be asked to work overtime and agree to do so if requested. If I do work overtime, I agree to accept compensatory time off in lieu of overtime pay, at the discretion of the tax collector.

I certify that I have read, understand, and agree with the above.

Note: Additional Signature Required on Page 5

Applicant Signature

Date

NOTICE AND DISCLOSURE TO APPLICANTS AND CONDITIONALLY HIRED APPLICANTS

The Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, requires the Escambia County Tax Collector's office to advise applicants and conditionally hired applicants that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency and used for employment purposes. Information derived from these reports may be disclosed to the Escambia County Tax Collector's office and Landrum Staffing Services in consideration for employment. (Your driver license number and Social Security number are being collected for this purpose.)

A "consumer report" is a written, oral, or other communication of any information by a Consumer Reporting Agency (CRA) which bears on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes or any other purpose authorized under the Fair Credit Reporting Act.

An "investigative consumer report" is a consumer report or part thereof in which information on your character, general reputation, personal characteristics, or mode of living may be obtained through personal interviews with neighbors, friends, or associates with whom you are acquainted or who may have knowledge concerning any such items of information.

Prior to implementation of any adverse employment action, you will be provided with a copy of the report. Furthermore, your rights under the Fair Credit Reporting Act, Section 609, are summarized on the following page.

In addition, the Escambia County Tax Collector's office may request and receive from Landrum Staffing Services, state agencies, or other investigative agencies reports containing public record information such as criminal records, driving records, education records, workers compensation claims, and other information. I understand that I have the right to request from Landrum Staffing Services a copy of any such public record information received about me.

I have received and read my rights under the Fair Credit Reporting Act, as amended, and hereby authorize Landrum Staffing Services and the Escambia County Tax Collector's office to obtain from a consumer reporting agency, or other investigative sources, for continuing employment purposes and any other purpose allowed by law, consumer reports, investigative consumer reports, and any public record reports pertaining to me, now or at any time during my employment. I release the Escambia County Tax Collector's office, Escambia County, Landrum Staffing Services, and all persons and organizations contacted from all claims and liabilities of any nature arising from such investigation or information given. The information provided by me on this form is true and correct.

ATTACHMENT: Summary of Rights Under Fair Credit Reporting Act

Applicant Signature				Date		
Print Name (First)	(Middle)	(Last)	(Jr/Sr)	Date of Birth	Sex	Race*

*Code for Race: S=Hispanic or Latino • C=White • B=Black or African American • H=Native Hawaiian or Other Pacific Islander • O=Asian • I=American Indian or Alaskan Native • M=Two or More Races (Not Hispanic or Latino)

(Any other name used by you)	Social Security Number	Driver License Number / State
RESIDENTIAL ADDRESS:	MAILING ADDRESS:	
Street # or Rural Route #	(if different)	
City State Zip	City State Zip	

For California, Minnesota, or Oklahoma applicants only: if you would like to receive a copy of the consumer report if one is obtained, please check this box.

For the last five years, list all out-of-state addresses where you have lived, the dates of residence, and other names during this time:

Dates	Address (include city, state, and zip code)	Other Names Used

FOR TAX COLLECTOR'S OFFICE USE ONLY – INDICATE REQUESTED SERVICE BELOW:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> State Criminal Check 1)___ 2)___ | Check Additional Names _____ | <input checked="" type="checkbox"/> Employment References |
| <input type="checkbox"/> County Criminal Check 1)___ 2)___ | <input checked="" type="checkbox"/> National Criminal Database Check | <input type="checkbox"/> Address Verification |
| <input checked="" type="checkbox"/> Driving Record 1)___ 2)___ | <input type="checkbox"/> SSN Verification | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Credit Check | <input type="checkbox"/> Education | |

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit. **States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051