

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: _____

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

See last page for instructions on digital signature

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, note employer and then please explain: _____

2) Have you ever been discharged or asked to resign? Yes No If yes, note employer and please explain: _____

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.

Applicant Signature

Date

To submit document electronically, please follow these steps:

Note: Adobe Reader application or software must be installed on your electronic device

- Save document to your device or computer
- Open document in Adobe Reader application
- Fill in document

If document allows you to physically sign document, please do so

If document asks for a digital signature:

- If you already have a digital signature configured, choose it
- If you do not have a digital signature configured, click *Configure New Digital ID* button
- Click the *Create a new Digital ID* (last option) and click *Continue*
- Choose *Save to File* or *Save to Windows Certificate Store* and click *Continue*
- Enter your name as you would like it to appear for your signature
- Enter your email address and click *Continue*
- Apply a password to protect the digital ID
- Confirm the password and click *Save*
- Choose the Digital ID you want to use for the signing of the document and click *Continue*
- Enter your Digital ID password and click *Sign*
- Save document
- Your Digital ID appears on the document

Finish filling out the document

When document is completed and proofed, hit the *Submit* button

If in Adobe Reader software, a dialog box will appear asking how you would like to send the document:

- If you have an email account besides Outlook, click the *Use Webmail* choice
- Select either *Add Gmail* or *Add Other* and follow the prompts
- Once email has been configured, it should send the application automatically

If you are using a device other than a computer or laptop or the *Submit* button does not work for your email client:

- Save the document to your device and attach it to an email
- Send the attached application to ECTC_HR@EscambiaTaxCollector.com