



Eric T. Zwayer
Highlands County Tax Collector
540 S. Commerce Avenue
Sebring, Florida 33870-3867

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status. It is important that you answer all questions on this application fully and truthfully, as failure to do so may delay consideration for employment or result in loss of employment opportunities. If an item does not apply to you, write N/A (not applicable). **PLEASE PRINT OR TYPE.**

Position applied for: _____ **Date:** _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone() _____ **Other Phone()** _____ **Social Security #** _____

Are you 18 years of age or older? Yes ___ No ___
Have you ever filed an application with us before? Yes ___ No ___
Have you ever been employed with us before? Yes ___ No ___
Are you currently employed? Yes ___ No ___
Do any of your friends or relatives work here? Yes ___ No ___
Do you have a legal right to work in the United States? Yes ___ No ___

On what date would you be available to start work? _____

Are you available to work: Full Time ___ Part Time ___ Temporary ___?

Are you on "lay-off" status and subject to recall? Yes ___ No ___

Can you travel if it is required by the job? Yes ___ No ___

Have you ever been convicted of, or pled guilty or no contest to a crime (or a similar offense by court martial); had adjudication withheld for a criminal offense; entered a pre-trial intervention program, or been placed on court-approved probation? Yes ___ No ___

If yes, state where the crime was committed, court, disposition of case and date: _____

Have you ever been a defendant in a civil action suit for intentional tort such as battery or assault?

Yes ___ No ___

If yes, state nature of disposition of action:

Are there any criminal charges currently pending against you?

Yes ___ No ___

If yes, explain on a separate sheet of paper.

With your previous employer(s) have you been counseled (written warning(s), probation, suspension, demotion, etc.) in the past 12 months?

Yes ___ No ___

If yes, describe reason:

Have you ever worked under another name?

Yes ___ No ___

If yes, please provide name(s):

Have you ever been discharged or asked to resign?

Yes ___ No ___

If yes, please explain.

Please explain any gaps in your employment history. (Attach an additional sheet if needed.)

DRIVING RECORD: Do you have a valid driver's license?

Yes ___ No ___

Driver's License Number:

EDUCATION BACKGROUND:

| Name and Location | Years Completed | Did you Graduate? | Course of Study |
|-------------------|-----------------|-------------------|-----------------|
| High School | | | |
| College | | | |
| Vocation/Business | | | |
| Other | | | |

MILITARY:

Have you ever served in the armed forces? Yes ___ No ___ If yes, what Branch? _____

Tour of Duty from: _____ to _____. Rank at discharge: _____

EMPLOYMENT HISTORY

Starting with your current or most recent job and, working backwards, account for all time and jobs, military service, including periods of unemployment for the past 10 years. Attach additional sheets, if necessary. This section must be completed regardless of whether or not a resume is attached. Describe in detail your jobs or if your title changed it should be listed as a separate period.

| | | | |
|--|----|---------------------------------|-----------|
| From | To | Employer's Name | Telephone |
| Job Title | | Address | |
| Supervisor | | Reason for Leaving | |
| Telephone Number for Supervisor | | | |
| If part time, number of hours per week | | Describe your duties in detail: | |
| Beginning Salary | | | |
| Ending Salary | | | |

| | | | |
|--|----|---------------------------------|-----------|
| From | To | Employer's Name | Telephone |
| Job Title | | Address | |
| Supervisor | | Reason for Leaving | |
| Telephone Number for Supervisor | | | |
| If part time, number of hours per week | | Describe your duties in detail: | |
| Beginning Salary | | | |
| Ending Salary | | | |

| | | | |
|--|----|---------------------------------|-----------|
| From | To | Employer's Name | Telephone |
| Job Title | | Address | |
| Supervisor | | Reason for Leaving | |
| Telephone Number for Supervisor | | | |
| If part time, number of hours per week | | Describe your duties in detail: | |
| Beginning Salary | | | |
| Ending Salary | | | |

Special Skills/Computer Skills – List any special capabilities, skills or experience not previously covered which should be considered in qualifying for this job. Also, check the box or list the names of any computer programs with which you have experience.

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Excel | <input type="checkbox"/> Windows 2000 or XP | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Bi-Lingual – Spanish | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Bi-Lingual – _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> PowerPoint | | |

Summarize special job-related skills and qualifications acquired from employment or other experiences.

REFERENCES

Do not list relatives or former/current employees

| NAME/Address | TELEPHONE/ Home and Work | YEARS KNOWN |
|--------------|--------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

Applicant’s Certification

Please read carefully before signing.

I certify that all information in this application is true and correct to the best of my knowledge, and I understand that false, incorrect or misleading information, no matter when discovered, in this application is grounds for disqualification from further consideration or for dismissal from employment. Further, I hereby authorize my former employer(s), schools(s), reference(s) and any other individual or organization to provide information solicited by the Office of the Tax Collector, and I hereby release and discharge each of the above, including the Office of the Tax Collector, from any liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I also authorize the Office of Tax Collector to conduct an inquiry into my Driver License record, obtain my personal credit history and criminal background history.

I understand that the following conditions may be required as a condition of the job: overtime, job rotation, shift assignment, and weekend work. I agree to abide by the rules, regulations, and policies of the organization as well as those required by them. **I serve at the pleasure of the Tax Collector and I understand and agree that I am free to terminate my employment at any time with or without cause and with or without prior notice. I further understand and agree that the organization has the same right to terminate my employment and compensation at any time with or without cause and with or without notice.**

I understand and agree that, now or in the future, I may be tested for drug use. If I test positive, I may be terminated from employment.

I understand that no person has the authority to enter into any agreement with me as to employment for any specified period of time or concerning the job or related conditions which are contrary to the rules and practices of the employer.

Signature of Applicant

Date