



**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** \_\_\_

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**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** \_\_\_

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**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:** \_\_\_\_\_

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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:

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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:

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Have you ever worked under another name?

Yes \_\_\_ No \_\_\_

If yes, please provide name(s):

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Have you ever been discharged or asked to resign?

Yes \_\_\_ No \_\_\_

If yes, please explain.

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

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

Yes \_\_\_ No \_\_\_

Driver's License Number:

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**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.

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- |  |   |                                      |
|--|---|--------------------------------------|
| <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.

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**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