

**BOARD OF COUNTY COMMISSIONERS  
CITRUS COUNTY**

**HUMAN RESOURCES OFFICE**

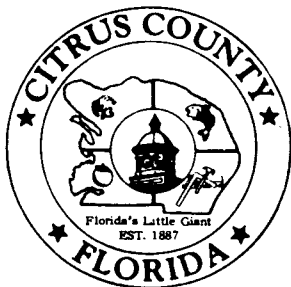
3600 WEST SOVEREIGN PATH, SUITE #283  
LECANTO, FLORIDA 34461

(352) 527-5370

Preferred  
Veteran

**APPLICATION FOR EMPLOYMENT  
"AN EQUAL OPPORTUNITY EMPLOYER"**

OFFICE USE ONLY	
Class Code Number	
Other positions applied for:	Ann. No.



**INSTRUCTIONS:** This application must be filled out accurately and completely. All statements are subject to investigation. Exaggerated, false or misleading statements are cause for rejection. PLEASE PRINT CLEARLY or type all information. If an item does not apply, insert N/A (not applicable). Attach any documents, certificates, commendations, etc. you feel will help in the evaluation. **-DO NOT USE PENCIL-**

POSITION APPLYING FOR: _____	DATE OF APPLICATION: _____	JOB ANNOUNCEMENT NUMBER _____
LOWEST ACCEPTABLE SALARY: _____	DATE AVAILABLE FOR EMPLOYMENT: _____	
\$ _____ per _____		

Last Name	Maiden Name	First Name	Middle Initial
Current Residence - Street No. and Name		City	State
			Zip Code
Mailing Address (if different from above)		City	State
			Zip Code
Home Phone	Business Phone	Alternate Phone	Social Security Number

<p><b>Have you ever worked for Citrus County Board of County Commissioners?</b></p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If yes, please give:</p> <p>Last Date(s) of employment _____</p> <p>Most Recent Employing Department _____</p>	<p><b>Do you have any relative(s), either by blood or by marriage who is/are currently employed by Citrus County Board of County Commissioners?</b></p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If yes, please give the person's:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Relationship	_____	_____	_____	_____
Name	Relationship						
_____	_____						
_____	_____						

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job for which you've applied. On the other hand, if you want the county to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation that you believe would be appropriate. \_\_\_\_\_

**CURRENT VALID DRIVER'S LICENSE (NOTE: If the position for which you are applying does not require a current Driver License, the following information will not be a deciding factor in the selection decision.)**

Number	State
_____	_____

Expiration Date			Classification
Month	Day	Year	_____
_____	_____	_____	

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?     Yes     No

B. Has your license, permit or privilege ever been suspended or revoked?     Yes     No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS (INCLUDING DATES): \_\_\_\_\_

\_\_\_\_\_

CIRCLE highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED												College 1 2 3 4 5					Graduate School 1 2 3 4 5				
Schools		Graduate	Name and Location									Dates Attended					Miscellaneous information				
High School		Yes <input type="checkbox"/>															Major Emphasis in high school <input type="checkbox"/> Vo. Tech. <input type="checkbox"/> Business <input type="checkbox"/> College Prep.				
Junior/Community College(s)		Yes <input type="checkbox"/>															S/Q hrs.		Major/Minor		Degree
College(s) and/or University(s)		Yes <input type="checkbox"/>																			
Graduate and/or Professional		Yes <input type="checkbox"/>																			
Other Ed. Vo. Tech. School(s)		Yes <input type="checkbox"/>																			
		No <input type="checkbox"/>																			
		No <input type="checkbox"/>																			

**NOTE: FOREIGN DEGREES MUST BE ACCOMPANIED BY TRANSCRIPT EVALUATIONS PERFORMED BY AMERICAN COLLEGES OR UNIVERSITIES OR EVALUATION SERVICES APPROVED BY THE AMERICAN ASSOCIATION OF COLLEGE REGISTRARS AND ADMISSION OFFICERS.**

**ACTIVE PROFESSIONAL LICENSES / CERTIFICATES RELATED TO THE JOBS FOR WHICH YOU ARE APPLYING:**

Title	Registration No.:	Issuing Agency:	Expiration Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OFFICE SKILLS:**

Please check areas in which you are competent:

- |                                          |                                             |                                                   |
|------------------------------------------|---------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Calculator      | <input type="checkbox"/> Filing             | <input type="checkbox"/> Typing _____ w.p.m.      |
| <input type="checkbox"/> Dictaphone      | <input type="checkbox"/> Photocopying       | <input type="checkbox"/> Shorthand _____ w.p.m.   |
| <input type="checkbox"/> Switchboard     | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Lettering Machines       |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Transparency Maker | <input type="checkbox"/> Transcription of Minutes |

Others: (Please List): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TRADE SKILLS:**

Please check areas in which you are competent:

- |                                                 |                                                 |                                                       |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Masonry                | <input type="checkbox"/> Boat Handling          | <input type="checkbox"/> Automotive / Mechanical      |
| <input type="checkbox"/> Welding                | <input type="checkbox"/> Groundskeeping         | <input type="checkbox"/> Rough Carpentry              |
| <input type="checkbox"/> Pipefitting            | <input type="checkbox"/> Photography            | <input type="checkbox"/> Finished Carpentry           |
| <input type="checkbox"/> Reading Blueprints     | <input type="checkbox"/> Plumbing               | <input type="checkbox"/> Drafting / Graphics          |
| <input type="checkbox"/> Electrical Repair work | <input type="checkbox"/> Refrigeration / Repair | <input type="checkbox"/> Heavy Equipment / Mechanical |
| <input type="checkbox"/> Painting               | <input type="checkbox"/> Automotive / Bodywork  | <input type="checkbox"/> Roofing                      |
| <input type="checkbox"/> Asphalt Repair         | <input type="checkbox"/> Map Reading            | <input type="checkbox"/> Map Preparation              |

OTHER SKILLS: (Please list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EQUIPMENT:**

Please check types of equipment you can operate:

- |                                                 |                                                                                              |
|-------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cranes                 | <input type="checkbox"/> Power Tools (saws, drills, etc.)                                    |
| <input type="checkbox"/> Ditching Machines      | <input type="checkbox"/> Communications (amplifiers, transmitters, radios, telephones, etc.) |
| <input type="checkbox"/> Payloaders             | <input type="checkbox"/> Power Mowers                                                        |
| <input type="checkbox"/> Air Hammer             | <input type="checkbox"/> Tractors                                                            |
| <input type="checkbox"/> Lithographic Equipment | <input type="checkbox"/> Bulldozers                                                          |

OTHER EQUIPMENT: (Please list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT RECORD** - List all jobs held in the last TEN years. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your present or most recent position and work back. Be specific - all or part of your rating may depend on the information you provide. If additional space is needed, please use continuation sheet. (Include other related work experience prior to last 10 years.)

May we contact your present employer regarding your record of employment?  YES  NO

NOTE: We may contact previous employers to verify your descriptions of past duties.

<b>(1) Present or Most Recent Job</b>						Employer: _____	
From		To		Total Time		Address: _____	
Month	Year	Month	Year	Years	Months	City, State & Zip: _____	
						Telephone Number: _____	
Hours per week _____						Your Job Title: _____	
Starting Salary \$ _____ per _____						Supervisor's Name and Title: _____	
Last Salary \$ _____ per _____						Reason for Leaving Position: _____	
Specific Duties: _____							

<b>(2) Previous Job</b>						Employer: _____	
From		To		Total Time		Address: _____	
Month	Year	Month	Year	Years	Months	City, State & Zip: _____	
						Telephone Number: _____	
Hours per week _____						Your Job Title: _____	
Starting Salary \$ _____ per _____						Supervisor's Name and Title: _____	
Last Salary \$ _____ per _____						Reason for Leaving Position: _____	
Specific Duties: _____							

<b>(3) Previous Job</b>						Employer: _____	
From		To		Total Time		Address: _____	
Month	Year	Month	Year	Years	Months	City, State & Zip: _____	
						Telephone Number: _____	
Hours per week _____						Your Job Title: _____	
Starting Salary \$ _____ per _____						Supervisor's Name and Title: _____	
Last Salary \$ _____ per _____						Reason for Leaving Position: _____	
Specific Duties: _____							

<b>(4) Previous Job</b>						Employer: _____	
From		To		Total Time		Address: _____	
Month	Year	Month	Year	Years	Months	City, State & Zip: _____	
						Telephone Number: _____	
Hours per week _____						Your Job Title: _____	
Starting Salary \$ _____ per _____						Supervisor's Name and Title: _____	
Last Salary \$ _____ per _____						Reason for Leaving Position: _____	
Specific Duties: _____							

**LIST ANY VOLUNTEER WORK WHICH IS RELATED TO THE POSITION APPLIED FOR**

From		To		Description of Activities or Volunteer Work
Month	Year	Month	Year	

# VETERAN'S PREFERENCE

**YOU MUST SUBMIT A COPY OF YOUR DD-214 AND OTHER RELEVANT DOCUMENTS CONCERNING ELIGIBILITY FOR VETERANS PREFERENCE. PREFERENCE WILL BE AWARDED ONLY IF YOU SUBMIT WITH YOUR APPLICATION A COPY OF YOUR DD-214, DISCHARGE CERTIFICATE AND/OR PROOF OF RATING THAT IS LESS THAN ONE YEAR OLD OF A SERVICE-CONNECTED DISABILITY.**

**Check the appropriate block if you are claiming veteran's 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,

\_\_\_\_\_ (2) The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained, or interned in line of duty by a foreign government or power.

\_\_\_\_\_ (3) A veteran of any war who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable Discharges. Active duty for training while in the Reserves or National Guard is not allowable.

\_\_\_\_\_ (4) The unmarried widow or widower of a veteran who died of a service-connected disability

\_\_\_\_\_ (Branch of Service)

\_\_\_\_\_ (Entry Date)

\_\_\_\_\_ (Discharge Date)

\_\_\_\_\_ (Type of Discharge)

Have you claimed and been employed by a city, county, or state agency through veterans' preference since October 1, 1987?

Yes  No If yes, give name of employer: \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida 33731. A complaint must be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.

**To receive benefits as a wartime veteran, a veteran must have served during one of the following periods of wartime service:**

**World War II:** Dec. 7, 1941 to Dec. 31, 1946

**Persian Gulf War:** Aug. 2, 1990, and ending on the date

**Korean Conflict:** June 27, 1950 to Jan. 31, 1955

thereafter prescribed by presidential

**Vietnam Era:** Aug. 5, 1964 to May 7, 1975

proclamation or by law.

The applicant must have served at least 1 day during a wartime period to be eligible for veterans' preference.

**Since your 18th birthday, have you been convicted of a felony?**  Yes  No

IF YOU ANSWERED YES, PLEASE GIVE THE FOLLOWING INFORMATION:

Nature of Offense

Name & Location of Court

Date of Conviction

Nature of Offense	Name & Location of Court	Date of Conviction
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Conviction will not necessarily disqualify an applicant for employment.

**IMPORTANT: PERSONS SELECTED FOR EMPLOYMENT MUST: 1) FURNISH A PAPER SOCIAL SECURITY CARD BEFORE RECEIVING PAYMENT OF WAGES OR SALARIES; 2) TAKE AN OATH OR AFFIRMATION OF ALLEGIANCE (Loyalty Oath, Florida Statute, Section 876.05); and 3) PASS A PHYSICAL EXAMINATION BY A COUNTY PHYSICIAN.**

**APPLICATION CERTIFICATION:** - READ CAREFULLY BEFORE SIGNING: I HEREBY CERTIFY THAT EACH ANSWER TO A QUESTION HEREIN AND ALL OTHER INFORMATION OTHERWISE FURNISHED IS TRUE AND CORRECT. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE, OR FALSE STATEMENTS OR INFORMATION FURNISHED BY ME MAY SUBJECT ME TO DISQUALIFICATION IN AN EXAMINATION OR TO DISCHARGE FROM EMPLOYMENT AT ANY TIME. I FURTHER UNDERSTAND THAT ANY JOB OFFER WILL BE CONDITIONAL UPON MY SATISFYING ALL COUNTY REQUIREMENTS FOR EMPLOYMENT.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**NOTICE TO APPLICANT OF INTENT TO OBTAIN BACKGROUND INFORMATION**

Dear Applicant:

In connection with your application for employment, we would like to procure certain background information concerning you which may contain information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, driving record, insurability and/or criminal background.

Before we may procure this information, you must authorize such procurement in writing. You have the right to decline authorization for us to procure this information. However, we will not consider you for employment if you so decline. Please read the release carefully before signing and indicating your choice of disclosure.



**RELEASE TO PROCURE BACKGROUND INFORMATION**

I have read the Notice to Applicant of Intent to obtain Background Information.  
I understand that I have the right to decline authorization for Citrus County to procure this information concerning me.  
I understand this may contain information concerning my credit worthiness, credit standing, general reputation, personal characteristics, mode of living, driving record, insurability and/or criminal background.

Understanding these rights,

I **authorize** Citrus County to procure this information.

I **do not authorize** Citrus County to procure this information.

**NAME**

As appears on Driver License: \_\_\_\_\_  
(Please Print)

**ADDRESS**

As appears on Driver License: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
City State Zip Code

**Driver License**

Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_