



Martin County Board of County Commissioners

AN EQUAL OPPORTUNITY EMPLOYER

2401 SE Monterey Road

Stuart, Florida 34996

Fax (561) 223-4812

Job Line (561) 288-5437

- Meets MQS
- Does not meet MQS
 - Experience
 - Education
 - License/Certificate By: _____
 - Other
 - Postmark after closing Date: _____

APPLICATION FOR EMPLOYMENT

ID NUMBER:

(Please Use Black Ink When Completing Form) **APPLICATION FOR**

| | |
|---|---|
| Position No. | Position Title |
| Can you perform the functions of this job (essential and/or marginal) with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If accommodations are needed, please explain. | Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Proof will be required upon employment)</small> |

APPLICANT INFORMATION

| | | | |
|---|---|------------------------------------|-----------|
| Social Security # | Last Name | First Name | M.I. |
| Street Address | | Apartment # | |
| City | State | Zip Code | |
| Home Telephone Number <small>(Area Code)</small> | Business Telephone Number <small>(Area Code)</small> | | |
| Message / Contact Person Telephone Number <small>(Area Code)</small> | May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Email Address | | | |
| Are you claiming Veterans Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please complete attached form and include a copy of DD-214.</i> | | | |
| Have you ever applied to Martin County before? | | Where? | When? |
| Are you a current employee of Martin County? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previous Employee | | | |
| Previous Position Title/Department: | | | |
| List any other names under which you have worked or attended school: | | | |
| Your Previous Addresses: | | City | State Zip |
| Emergency Contact Person | Relationship | Phone # <small>(Area Code)</small> | |

EDUCATION

| | | | | |
|--|--------------------------------|----------------------------|--|---------------|
| 01 Less than High School | 05 Associate Degree | 09 Other Doctorate | Highest Education Level Achieved: | |
| 02 High School Diploma/GED | 06 Bachelor's Degree | 10 PHD | | |
| 03 Trade Certificate | 07 Master's Degree | | | |
| 04 Some College | 08 Professional Degree | | | |
| School Name, City, State (Located) Elementary, High, College, Other | Dates of Attendance From To | No. of Credit Hours Earned | Course Titles or Major Field | Degree Earned |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PROFESSIONAL LICENSES, CERTIFICATIONS AND ORGANIZATION MEMBERSHIPS

| Agency or Organization Name | Type | Field | License/Number | Expiration |
|-----------------------------|------|-------|----------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY

Experience: Beginning with **your most recent job**, describe your employment history, including related volunteer or other non-paid experience. This information will be used to evaluate your qualifications for this job opening and will determine your eligibility to go on to the next step of the evaluation process. Describe additional related experience on a "Supplement to Application" at the end of this document.

| | | | |
|--|-------------------------|--------------------|-------|
| Dates Employed | Employer | Address | |
| From / / | Phone (Area Code) | City | State |
| To / / | Supervisor's Name | Supervisor's Title | |
| Final Salary \$ | Your Title | | |
| Did you Supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No | Duties/Responsibilities | | |
| No. Supervised: | | | |

Explain Reason for Leaving :
 Voluntary Involuntary If present employer, may we contact? Yes No

| | | | |
|--|-------------------------|--------------------|-------|
| Dates Employed | Employer | Address | |
| From / / | Phone (Area Code) | City | State |
| To / / | Supervisor's Name | Supervisor's Title | |
| Final Salary \$ | Your Title | | |
| Did you Supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No | Duties/Responsibilities | | |
| No. Supervised: | | | |

Explain Reason for Leaving :

Voluntary Involuntary

| | | | |
|--|-------------------------|--------------------|-------|
| Dates Employed | Employer | Address | |
| From / / | Phone (Area Code) | City | State |
| To / / | Supervisor's Name | Supervisor's Title | |
| Final Salary \$ | Your Title | | |
| Did you Supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No | Duties/Responsibilities | | |
| No. Supervised: | | | |

Explain Reason for Leaving :

Voluntary Involuntary

| | | | |
|--|-------------------------|--------------------|-------|
| Dates Employed | Employer | Address | |
| From / / | Phone (Area Code) | City | State |
| To / / | Supervisor's Name | Supervisor's Title | |
| Final Salary \$ | Your Title | | |
| Did you Supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No | Duties/Responsibilities | | |
| No. Supervised: | | | |

Explain Reason for Leaving :

Voluntary Involuntary

| | | | |
|--|-------------------------|--------------------|-------|
| Dates Employed | Employer | Address | |
| From / / | Phone (Area Code) | City | State |
| To / / | Supervisor's Name | Supervisor's Title | |
| Final Salary \$ | Your Title | | |
| Did you Supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No | Duties/Responsibilities | | |
| No. Supervised: | | | |

Explain Reason for Leaving :

Voluntary Involuntary

SPECIAL TRAINING AND SKILLS

| Office & Related Equipment | Construction Vehicles & Other Equipment | Crafts, Trades & Technical Professions |
|--|--|--|
| <input type="checkbox"/> 2-Way Radio <input type="checkbox"/> Calculator <input type="checkbox"/> Computer <input type="checkbox"/> Copy Machine <input type="checkbox"/> Dictaphone <input type="checkbox"/> Facsimile <input type="checkbox"/> Microfilm Equip <input type="checkbox"/> Software Applications <input type="checkbox"/> Spreadsheets <input type="checkbox"/> Typewriter <input type="checkbox"/> Word Processor | <input type="checkbox"/> Aircraft <input type="checkbox"/> Ambulance <input type="checkbox"/> Asphalt Distributor <input type="checkbox"/> Asphalt Paver <input type="checkbox"/> Bulldozer <input type="checkbox"/> Dragline/Crane <input type="checkbox"/> EMS/Life Support <input type="checkbox"/> Excavator, Rubber Tired <input type="checkbox"/> Excavator, Track <input type="checkbox"/> Farm Tractor <input type="checkbox"/> Fire Fighting Equip. <input type="checkbox"/> Forklift <input type="checkbox"/> Frontend Ldr, RubrTired <input type="checkbox"/> Frontend Loader <input type="checkbox"/> Heavy Dump Truck | <input type="checkbox"/> Hydraulic Push/Pull Mac <input type="checkbox"/> Landfill Compactor <input type="checkbox"/> Landscape Mower <input type="checkbox"/> Medium Duty Truck <input type="checkbox"/> Off Road Dump Truck <input type="checkbox"/> Other Equipment, List <input type="checkbox"/> Passenger Bus <input type="checkbox"/> Road Grader <input type="checkbox"/> Road Stripers <input type="checkbox"/> Roadway Mixer <input type="checkbox"/> Roller <input type="checkbox"/> Rotary Scraper <input type="checkbox"/> Self Loading Pan <input type="checkbox"/> Semi-T/Trailer <input type="checkbox"/> Utilities Locating Equip |
| <input type="checkbox"/> A/C & Heating <input type="checkbox"/> Aircraft Repair <input type="checkbox"/> Carpentry <input type="checkbox"/> Concrete Finishing <input type="checkbox"/> Concrete Placement <input type="checkbox"/> Construction Labor <input type="checkbox"/> Construction Trades <input type="checkbox"/> Diesel Eng. O/Haul <input type="checkbox"/> Elec. Motor Repair <input type="checkbox"/> Electrical <input type="checkbox"/> Front End Repair <input type="checkbox"/> Gas Engine O/Haul <input type="checkbox"/> Hvy Equip Hydraulic <input type="checkbox"/> Masonry <input type="checkbox"/> Mech. Conveyor | <input type="checkbox"/> Paint & Body Repair <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing <input type="checkbox"/> Pump Repair <input type="checkbox"/> Rear End Repair <input type="checkbox"/> Road Sign <input type="checkbox"/> Sewage/Water Oper. <input type="checkbox"/> Small Eng. Repair <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Transmission Rep. <input type="checkbox"/> Underground Const. <input type="checkbox"/> Wastewter Coll Oper. <input type="checkbox"/> Water Disturb. Oper. <input type="checkbox"/> Welding <input type="checkbox"/> 2 Way Radio Repair | |

List any past accomplishments, honors, or assignments which may be relevant for the job for which you are applying:

Special Training, knowledge, skills, or abilities related to position for which you are applying:

PERSONAL INFORMATION

Do you have any relatives, including elected officials, by blood or marriage working for Martin County? **Yes** **No** *If Yes, list names below.*

| Name of Person(s) | Department | Title |
|-------------------|------------|-------|
| | | |

| Applicants Drivers License Number: | State | Class | Endorsements | Expires |
|------------------------------------|-------|-------|--------------|---------|
| | | | | |

Has your license ever been suspended or revoked? **Yes** **No** *If Yes, what year?* In what state?

Why?

Have you ever been convicted, had adjudication withheld, been placed on probation, received a suspended sentence, or forfeited bail in connection with any offense including driving while intoxicated (DUI), (except minor traffic violations) in any civilian or military court of law. **Yes** **No**
 If YES, give following information:

| TYPE OF OFFENSE | DATE | PLACE (City, State) | SENTENCE OR FINE |
|-----------------|------|---------------------|------------------|
| | | | |
| | | | |
| | | | |

A conviction or other criminal record does not necessarily disqualify you for employment. Factors such as age at time of offense, nature of violation and rehabilitation will be considered.

PERSONAL REFERENCES (Please do not list relatives or former employers)

| NAME | ADDRESS | PHONE # (Area Code) | OCCUPATION | YRS KNOWN |
|------|---------|---------------------|------------|-----------|
| | | | | |
| | | | | |
| | | | | |

APPLICANT'S STATEMENT AND RELEASE

I understand that this application will be given every consideration by the Martin County Board of County Commissioners (hereinafter referred to as "the County"), but its receipt does not imply that the applicant will be employed. I certify that the information that I have provided on this application is true and accurate and may be checked by the County and/or its affiliates. I understand that misrepresentation or omission of facts called for is cause for rejection of application or dismissal. I understand that if I am employed, any false or misleading information given in my application or interview is grounds for dismissal. I understand that if I am employed, any false or misleading information given in my application or interview is grounds for dismissal.

I hereby authorize and give full consent to the County and/or its agents to conduct investigative inquiries about me, including consumer credit, criminal convictions, motor vehicle and personal interviews with neighbors, friends and others with whom I am acquainted. The resulting reports will include information as to my character, work habits, performance, experience and reason for termination from previous employers. Further, I consent to the County and/or its agents requesting information from various federal and state affiliates and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance computers. I understand that having a criminal conviction record will not necessarily bar me from employment. The employer will consider such things as (1) the nature and gravity of the offense leading to the conviction, (2) the time that has passed since the conviction or completion of the sentence, (3) the type of job sought and its relation to the conviction, and (4) my employment history subsequent to the conviction.

I further authorize the registrar, principal, custodian of records, or other authorized person at any school (college, business, trade, or high school), that I have attended; any past or present employer (including any branch of the armed services); any city, county (parish) state or federal government agency (including law enforcement, criminal justice or security agencies); any credit bureau; or other person who has personal knowledge of my past activities to release to the County or its agents or its authorized representatives, all information you may have concerning me, to include certified copies and transcripts. I further authorize any such County agent to release such information to Martin County, a political subdivision, to become part of its records. I understand that my application and any information obtained may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby release and hold harmless, Martin County, and its agents and its affiliates, custodians of record for any school, state and federal agencies, agents, owners, law enforcement agencies, credit reporting agencies, present and/or past employers, their officers and employees that shall provide information to the County from any and all liability based on their authorized receipt, disclosure, and use of the foregoing information.

I understand that I may withdraw consent to a background investigation at any time. Should I elect to do so, I understand that all processing or work in connection with the investigation will cease as soon as practical.

I understand that the County is a certified Drug Free Workplace and that the County may require an applicant or employee, either prior to or any time during employment, to the extent permitted by law, to submit to a medical examination, including, but not limited to a drug/alcohol screening test, and I hereby consent to take these examinations. I also understand that I may be requested to take a polygraph (lie detector) examination in accordance with the Employee Polygraph Protection Act of 1988.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE.**

Signature _____ **Date** _____

| | | | | |
|---|------------------|--|--|--------------------------------|
| (For Official Use Only) | | Recommended for <input type="checkbox"/> Hire <input type="checkbox"/> Transfer/Promotion | | |
| Position Title | | Position No. | Job Location/Bulding: | |
| Department/Division | | Attendance "ORG" No. | Security Badge Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Starting Date | Actual Hire Date | Cat./Grade | Salary <input type="checkbox"/> Above - County Administrators, signed memo attached | Per |
| Telephone Number assigned to this position: | | Fax Number assigned to this position: | | Position Reports to Position # |
| Department Head Signature: | | | Date | |
| *Internal applicants should be notified prior to contacting their supervisor and ample notice of (2 weeks) should be offered to the departing department to allow sufficient time to advertise for replacement. | | | | |
| Human Resources: | | | Date | |
| County Administrator: (or designee) | | | Date | |

**IF YOU ARE CLAIMING VETERANS PREFERENCE,
YOU MUST ANSWER THE QUESTIONS ON THIS SHEET
AND PROVIDE THE NECESSARY DOCUMENTATIONS AS REQUESTED.**

| | |
|-----------------------------------|--------------------|
| Military Service: | Date of Entry: |
| Branch: | Date of Discharge: |
| Reserve or National Guard Status: | |

Do you claim VETERANS PREFERENCE (In accordance with Chapter 295, Florida Statutes?) **YES : (A) (B) (C) (D)**

| | | | |
|--|--|---|--|
| (A) Based on active duty during wartime or Vietnam era. | (B) As a veteran with a compensable service-related disability. | (C) As the unremarried spouse of a veteran who was killed in action or who died of a service-connected disability? | (D) As the spouse of a veteran who cannot qualify for employment because of a total or permanent service-connected disability, or as the spouse of a person missing in action, captured, or forcibly detained by a foreign power? |
|--|--|---|--|

YOU MUST SUBMIT CURRENT DOCUMENTATION OF YOUR VETERANS PREFERENCE STATUS WITH THIS APPLICATION.

Have you claimed and been employed through veterans's preference? **Yes** **No**
If yes, give the name of employer:

DOCUMENTATION FOR VETERANS PREFERENCE SHALL INCLUDE THE FOLLOWING:

| | |
|---|--|
| <p>(a) Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document commonly known as for DD-214 or military discharge papers, or equivalent certification from the VA, listing military status, dates of service and discharge type. (Call the VA office in St. Petersburg, FL at 1-800-827-1000 and they will send a copy within 10 days)</p> <p>(b) Disabled veterans shall also furnish a document from the Department of Defense, the VA, or the Division certifying that the veteran has a service-connected disability. (Document must be dated within the past 12 months.</p> <p>(c) Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Division; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.</p> | <p>(d) Spouses of person on active duty shall furnish a document from the Department of Defense or the VA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by foreign government or power: and also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.</p> <p>(e) The unremarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the VA certifying the service-connected death of the veteran and furnish evidence of marriage and a statement that the spouse is not remarried.</p> <p>(f) Spouses of persons eligible to claim preference under Section 55a-7.008(2) shall furnish certification from the VA that the veteran has a total and permanent service-connected disability.</p> <p>(g) All documents specified in this section must clearly indicate that they are copies of originals.</p> |
|---|--|

Right to Investigation by Division

If a non-preference eligible applicant is appointed to a position, a preference eligible veteran may request an investigation from the Division of Veterans' Benefits and Assistance of the Department of Veterans Affairs, P.O. Box 31002, St. Petersburg, FL 33731, within 21 calendar days of the date notification is received that the position has been filled.

If notification of a hiring decision is not received within two calendar months of the day the application is turned in, an investigation may be requested within three calendar months after the application was submitted and determination made that the position has been filled by a non-preferred applicant.

It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled. To obtain documentation, call the Veterans Administration Office at 1-800-827-1000.

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE (Optional)

To comply with United States Government Equal Employment Opportunity requirements, we are asking all applicants for employment to complete this form. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts and selection procedures. The information which you provide will be kept confidential.

Martin County Board of Commissioners is an equal opportunity employer. If you feel you have been treated unfairly, or discriminated against because of race, religion, color, national origin, sex, age, veterans status, martial status, or disability, please contact a Human Resources Representative.

If you complete this form, please return it ONLY to:

Human Resources Division
Administrative Center
2401 SE Monterey Road
Stuart, FL 34996

A. Are you? Male Female

B. Date of Birth ____ / ____ / ____ Are you 18 years of age or older Yes No

C. ETHNIC ORIGIN (Please check one box)

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White (not of Hispanic origin): All persons having origins in any of original people of Europe, North Africa or the Middle East.

D. Do you have a disability? Yes No

E. Do you claim veteran's preference? Yes No
(To be eligible, attach DD-214 Form)

HOW WERE YOU REFERRED TO MARTIN COUNTY?

Title of Position Applied for:

Date:

Name

Internet / Website

Florida State Employment Services

Newspaper Advertisement
(Name of Paper):

Our Telephone Job Line

Job Announcement
(Specify where posted):

Other (Specify)

DIRECTIONS FOR COMPLETING EMPLOYMENT APPLICATION

Please fill out the application, the EEO Questionnaire and Veterans Preference Form (if applicable) completely particularly the address and phone number. Please include in the appropriate blank the name and number of someone who will take a message and relay it to you should we try and reach you at a time when you are not able to be at your telephone. The Martin County Human Resources Division only accepts applications for jobs currently posted. Please see the bulletin board for postings. This policy helps us give personal attention to applicants for current openings.

We will submit your application, **if it meets minimum qualifications as posted**, to the department that has the opening. They will review it and call you for an interview based upon your information and qualifications. However, the County reserves the right to limit the number of qualified candidates to be interviewed and reserves the right to arrange for preemployment substance abuse testing.

Please include all information, including resumes and letters of recommendation, that are relevant to the job for which you are applying. If you have a resume, attach it or use it to assist you in answering the questions on the application. **Failure to complete the entire application may be cause for rejecting it. Any misrepresentation, false or incomplete information or omission of facts requested is cause for rejection of the application or dismissal from County service.** Please add any comments on the back of the application such as why you feel you are especially qualified for this job, etc. Be sure to account for periods of unemployment. Attach additional sheets if necessary. Please include copies of degrees or transcripts.

You must complete an application for each vacant position which is posted and you are interested. Our new openings are generally advertised in The Stuart News and The Palm Beach Post, and posted biweekly on Tuesdays and Fridays in the Job Center.

Thank you for your interest in Martin County.