



## County of Volusia Employment Application

*Equal Opportunity Employer*

Personnel Services 123 West Indiana Avenue DeLand, Florida 32720-4607

Telephone (904) 257-6029 (904) 736-5951 (904) 423-3300, Extension 5951

Job Lines: (904) 254-4607 (904) 736-5921

Florida Deaf Relay Service Number: 1-800-955-8771

**Instructions - Print or Type All Information**

**Although resumes may be attached, each experience block must be completed as requested.**

Social Security Number

\_\_\_\_\_  
(Last Name) (First) (M.I.)

\_\_\_\_\_  
(Mailing Address, Include Apartment Number)

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\_\_\_\_\_  
(City) (State) (Zip Code)

Residence phone: \_\_\_\_\_

\_\_\_\_\_  
Street Address, If Different From Mailing Address)

\_\_\_\_\_  
Business Phone:

Position/examination applying for:	Other position in which you have an interest:
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Check the kind of employment you will accept:  Career  Temporary  Full-Time  Part-time  Seasonal  
 Intermittent Days  Evenings Nights

**ARE YOU APPLYING FOR VETERAN'S PREFERENCE:  YES  NO BRANCH OF SERVICE:**

**DATES OF SERVICE: FROM** \_\_\_\_\_  
**TO** \_\_\_\_\_

**Veteran's Preference:** Documentation substantiating your claim (e.g. DD-214 and/or letter establishing eligibility to receive disability compensation from the Department of Defense or equivalent certification) must be furnished at the time of application.

**NOTE:** Under Florida law, preference in appointment shall be given to those persons with a service-connected disability who are receiving compensation, disability retirement, or pension, or the spouse of a veteran who cannot qualify for employment because of TOTAL AND PERMANENT DISABILITY, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power. If the applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veteran's Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision by the employing agency. If not notified, the complaint must be filed within three (3) calendar months from date application is received by the County of Volusia Personnel Services Group.

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	Residence Phone Business Phone	Minimum salary you will accept: \$
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Check one: <input type="checkbox"/> Did not graduate <input type="checkbox"/> Received high school diploma <input type="checkbox"/> Rec'd GED	If you circled GED, supply Issuing Authority:
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College or University	Location	Dates of Attendance		Total Credit Hours	Degree Received	Date of Degree	Major Subjects
		From	To				

Business/Trade Certificates Licenses/Certifications	Location	Dates of Attendance		Total Class Hours	Licenses/Certificates Received	Specialization/Subjects Taken
		From	To			

**EXPERIENCE:** Describe below any employment or occupation you have had, including experience in the armed forces or volunteer work. **Begin with your present or most recent employment in block #1 and work backward consecutively.** Count each promotion as a separate job, applicants may be required to furnish satisfactory proof of experience claimed. Be sure to include all relevant details. Use separate sheet or copy this form, if necessary. Do not leave out any jobs you held during the last 10 years. **DO NOT LEAVE BLANK AND STATE 'SEE RESUME'.**

<p>1.Dates of Employment TO/PRESENT:</p> <p>Month      Day      Year</p>	<hr/> <p>Firm Name                      Address                      City and State</p> <hr/> <p>Your Title    Type of Business    Name/Title/Phone Number of Immediate Supervisor</p>
<p>FROM:</p> <p>Month      Day      Year</p>	<p><i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.</p>
<hr/> <p>Total Hours per Week</p> <hr/> <p>Annual Salary Start:</p> <p>Last:</p>	<p>Reason for Leaving:</p>
<p>2.Dates of Employment TO/PRESENT:</p> <p>Month      Day      Year</p>	<hr/> <p>Firm Name                      Address                      City and State</p> <hr/> <p>Your Title    Type of Business    Name/Title/Phone Number of Immediate Supervisor</p>
<p>FROM:</p> <p>Month      Day      Year</p>	<p><i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.</p>
<hr/> <p>Total Hours per Week</p> <hr/> <p>Annual Salary Start:</p> <p>Last:</p>	<p>Reason for Leaving:</p>
<p>3.Dates of Employment TO/PRESENT:</p> <p>Month      Day      Year</p>	<hr/> <p>Firm Name                      Address                      City and State</p> <hr/> <p>Your Title    Type of Business    Name/Title/Phone Number of Immediate Supervisor</p>
<p>FROM:</p> <p>Month      Day      Year</p>	<p><i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.</p>
<hr/> <p>Total Hours per Week</p> <hr/> <p>Annual Salary Start:</p> <p>Last:</p>	<p>Reason for Leaving:</p>

Do you have a Florida Drivers License:  Yes  No Class Code: \_\_\_\_\_ Endorsements: \_\_\_\_\_  
 Do you have a Florida Commercial Drivers License?  Yes  No Class Code: \_\_\_\_\_ Endorsements: \_\_\_\_\_  
 Have you been convicted, pleaded guilty or nolo contendere to a misdemeanor or felony? []Yes []No  
 If yes, explain for what, where and when: \_\_\_\_\_  
 Have you ever been convicted by court-martial?  Yes  No If yes, explain for what, where and when: \_\_\_\_\_

Have you ever been employed by the County?  Yes  No If yes, where and when: \_\_\_\_\_

Are any members of your family or relatives employed by the County?  Yes  No  
 If yes, give name and position: \_\_\_\_\_

1. Have you ever been discharged/fired from employment?  Yes  No
2. Have you ever resigned/quit after being informed that your employer intended to discharge/fire you?  Yes  No

If yes to either question, please complete the following:  
 Employer \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

Details (Use additional sheets of paper, if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Signature Certification and Release of Information:*  
**YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN:**

I certify that each answer to any question herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject matter. I understand that any incorrect, incomplete, or false statements or information, furnished by me may subject me to disqualification or to discharge at any time.  
 If employed by the County of Volusia, I agree to comply with all its orders, rules and regulations. I authorize release of all the information contained herein and hereby release the County of Volusia, its employees, my references, my former employers, and schools, and all individuals connected therewith, from all liability for any damages or injury whatsoever related to the taking of pre-employment examinations and the furnishing or use of this or related information. I am aware that this application is subject to the provision of FS119 and as a "Public Record" may be open for personal inspection by any person. I understand that any offer of employment is conditional upon my taking and passing a pre-employment physical examination which includes a drug screening test.

Signature (*Sign application in dark ink*): \_\_\_\_\_ Date signed (*Month, day, year*): \_\_\_\_\_

FOR OFFICIAL PERSONNEL USE ONLY	INTAKE	STATUS	CODES

**COUNTY OF VOLUSIA**

**VETERAN INFORMATION** (REQUIRED IF CLAIMING VETERANS PREFERENCE)

Veterans Preference: Documentation substantiating your claim (e.g. DD-214 or military discharge paper and/or letter establishing eligibility to receive disability compensation from the Department of Defense or equivalent certification) must be furnished at the time of application.

- 1. A veteran with a service-connected disability who is eligible for/or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense; or
- 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 by a foreign power; or
- 3. A veteran who has served on active duty for one (1) day or more and who was honorably discharged from the Armed Forces of the United States of America, if such active duty was performed during a wartime era, excluding active duty for training; or
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Branch of Service: \_\_\_\_\_  
Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_  
Type of Discharge:  Honorable  Dishonorable  
Have you ever been employed by any State or government subdivision using Veterans Preference?  Yes  No  
If yes, Name of Employer: \_\_\_\_\_  
Date: \_\_\_\_\_

*SUPPLEMENTAL SHEET(OPTIONAL)*

The Federal Government requires the County of Volusia to submit statistical data to show applicant flow, hire rates and promotional patterns employment by race and sex. Your responses will be kept confidential and will not be used to make decisions. Veterans preference data will be used in accordance with State law.

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ DATE: \_\_\_\_\_  
POSITION APPLIED FOR: \_\_\_\_\_

**What do you perceive yourself to be? (Check only ONE block for each of the 3 categories below)**

- 1. RACE:  WHITE  BLACK  HISPANIC  ASIAN/PACIFIC ISLANDER  AMERICAN INDIAN/ALASKAN
- 2. SEX:  MALE  FEMALE
- 3. DISABILITY:  NOT APPLICABLE  APPLICABLE

You are **not** required to disclose information about a physical or mental disability. However, **you may voluntarily** disclose those that have an impact on your ability to perform the essential duties of the job. If you require accommodations to complete a County examination or interview; please inform the Personnel Services Group. Such requests for accommodation should be made at least 48 hours before the examination or interview. You may voluntarily identify your physical or mental disability in the space provided below and suggest the kind of accommodation you believe would be appropriate.

STATE DISABILITY: \_\_\_\_\_  
I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION OF \_\_\_\_\_  
(state position) \_\_\_\_\_  
WITH THE FOLLOWING ACCOMMODATION(S): \_\_\_\_\_