

**PRE-EMPLOYMENT APPLICATION  
HERNANDO COUNTY TAX COLLECTOR**

**"AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER"**

**" WE HIRE ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS"**

**"HERNANDO COUNTY IS A DRUG FREE WORK PLACE"**

**"HERNANDO COUNTY DOES NOT TOLERATE VIOLENCE IN THE WORKPLACE"**

**20 N. MAIN ST., ROOM 112, BROOKSVILLE, FL 34601-2892**

**(352) 754-4180**

---

PLEASE TYPE OR PRINT LEGIBLY. APPLICATIONS WILL ONLY BE ACCEPTED WHEN AN OPEN POSITION IS POSTED. INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR EMPLOYMENT. FOR QUESTIONS THAT DO NOT APPLY TO YOU, INSERT "N/A" (NOT APPLICABLE). A FAX WILL NOT BE ACCEPT.

---

**BIOGRAPHICAL INFORMATION**

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

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**MIDDLE NAME:** \_\_\_\_\_

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

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER: HOME ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_**

---

**WILL YOU ACCEPT PART-TIME/TEMPORARY EMPLOYMENT?** \_\_\_\_\_

**ARE YOU PRESENTLY EMPLOYED?** \_\_\_\_\_ **MAY WE CONTACT YOUR EMPLOYER?** \_\_\_\_\_

**DO YOU HAVE RELATIVES EMPLOYED BY HERNANDO COUNTY?** \_\_\_\_\_ **IF YES, PLEASE LIST NAMES AND POSITIONS:** \_\_\_\_\_

**ARE YOU 18 YEARS OF AGE OR OLDER?** \_\_\_\_\_

**HAVE YOU EVER BEEN CHARGED WITH A CRIME AND EITHER BEEN PLACED ON A COURT ORDERED PROBATION HAD ADJUDICATION WITHHELD OR ENTERED A PRE-TRIAL INTERVENTION PROGRAM?** \_\_\_\_\_

**IF YES, PLEASE GIVE DETAILS INCLUDING DATE(S)** \_\_\_\_\_

\_\_\_\_\_  
**HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY, NO CONTEST OR NOLO CONTENDERE TO A CRIME?**

**(A CONVICTION WILL NOT BE AN ABSOLUTE BAR TO EMPLOYMENT)** \_\_\_\_\_

**IF YES, PLEASE GIVE DETAILS INCLUDING DATE(S)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HAVE YOU EVER BEEN A DEFENDANT IN AN INTENTIONAL TORT ACTION, IF SO WHAT WAS THE DISPOSITION THEREOF?**

\_\_\_\_\_

\_\_\_\_\_

**LICENSES OR CERTIFICATES HELD:** \_\_\_\_\_

**PROFESSIONAL MEMBERSHIPS:** \_\_\_\_\_

**DO YOU POSSESS FLORIDA VEHICLE REGISTRATION(S)?** \_\_\_\_\_

WHAT POSITION ARE YOU APPLYING FOR? \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_

ARE YOU CLAIMING VETERAN'S PREFERENCE? Yes No VETERAN'S PREFERENCE WILL BE GIVEN TO ELIGIBLE VETERANS AND THEIR SPOUSES IN ACCORDANCE WITH CHAPTER 295 OF THE FLORIDA STATUTES. IF YOU CLAIM VETERAN'S PREFERENCE, YOU MUST REQUEST AND COMPLETE THE VETERAN'S PREFERENCE FORM AVAILABLE FROM THE TAX COLLECTOR'S OFFICE AND SUPPLY DOCUMENTATION (DD-14 AND/OR PROOF OF RATING THAT IS LESS THAN ONE YEAR OLD OF A SERVICE-CONNECTED DISABILITY).

### EDUCATION

#### NAME & LOCATION

HIGH SCHOOL \_\_\_\_\_

GRADUATE? Yes No

COLLEGE \_\_\_\_\_

GRADUATE? Yes No DATES ATTENDED: FROM \_\_\_\_\_ To \_\_\_\_\_

TRADE/BUSINESS \_\_\_\_\_

GRADUATE? Yes No DATES ATTENDED: FROM \_\_\_\_\_ To \_\_\_\_\_

### OFFICE SKILLS

CALCULATOR \_\_\_\_\_ TYPEWRITER \_\_\_\_\_ WPM PERSONAL COMPUTER \_\_\_\_\_

FILING \_\_\_\_\_ OTHER \_\_\_\_\_

### CAPABILITY/RELIABILITY:

WOULD YOU BE WILLING AND ABLE TO PERFORM ALL OF THE TASKS REQUIRED BY THE JOB YOU ARE APPLYING FOR?

Yes Yes No No IF NOT, EXPLAIN WHICH TASKS \_\_\_\_\_

HAVE YOU FILED ANY TYPE OF FRAUDULENT CLAIM AGAINST ANY OF YOUR PRESENT OR PAST EMPLOYERS?

Yes No No No IF YES, EXPLAIN \_\_\_\_\_

WILL YOU ABIDE BY THE SAFETY RULES? Yes Yes No No

HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATING COMPANY SAFETY RULES OR REGULATIONS? Yes No No No

HOW MANY DAYS OF WORK (OR SCHOOL) HAVE YOU MISSED IN THE LAST TWO YEARS? \_\_\_\_\_

HOW MANY TIMES HAVE YOU BEEN LATE FOR WORK (OR SCHOOL) IN THE LAST TWO YEARS? \_\_\_\_\_

WOULD YOU BE WILLING AND ABLE TO REPORT TO WORK ON TIME EVERY DAY ON A REGULAR AND CONSISTENT BASIS?

Yes Yes No No IF NO, PLEASE EXPLAIN \_\_\_\_\_

### REFERENCES

PLEASE GIVE NAME, ADDRESS, PHONE AND YEARS ACQUAINTED.  
DO NOT LIST PERSONS RELATED OR AN EMPLOYER.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

HERNANDO COUNTY TAX COLLECTOR HAS MY AUTHORIZATION TO THOROUGHLY INVESTIGATE MY WORK, EDUCATION, MEDICAL, CRIMINAL AND PERSONAL HISTORY THAT IS JOB-RELATED. I WILL HOLD NO PERSON, CORPORATION OR ORGANIZATION LIABLE FOR GIVING OR RECEIVING INFORMATION IN THIS INVESTIGATION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**WORK HISTORY**

LIST NAMES OF EMPLOYERS IN CONSECUTIVE ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIODS OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES.

PLEASE GIVE MONTH AND YEAR.

DO NOT REFERENCE YOUR RESUME.

---

| NAME OF EMPLOYER<br>ADDRESS<br>CITY, STATE, ZIP CODE | NAME AND TITLE OF<br>LAST SUPERVISOR | DATES EMPLOYED                 |                              | PAY                                      |
|--|--------------------------------------|--------------------------------|------------------------------|--|
|  |                                      | FROM;<br>MO. ____<br>YEAR ____ | TO:<br>MO. ____<br>YEAR ____ | STARTING<br>\$ ____<br>ENDING<br>\$ ____ |

---

|                               |                    |
|-------------------------------|--------------------|
| TELEPHONE<br>AREA CODE (    ) | NATURE OF BUSINESS |
|-------------------------------|--------------------|

---

|       |                    |
|-------|--------------------|
| TITLE | REASON FOR LEAVING |
|-------|--------------------|

DUTIES

---

| NAME OF EMPLOYER<br>ADDRESS<br>CITY, STATE, ZIP CODE | NAME AND TITLE OF<br>LAST SUPERVISOR | DATES EMPLOYED                 |                              | PAY                                      |
|--|--------------------------------------|--------------------------------|------------------------------|--|
|  |                                      | FROM;<br>MO. ____<br>YEAR ____ | TO:<br>MO. ____<br>YEAR ____ | STARTING<br>\$ ____<br>ENDING<br>\$ ____ |

---

|                               |                    |
|-------------------------------|--------------------|
| TELEPHONE<br>AREA CODE (    ) | NATURE OF BUSINESS |
|-------------------------------|--------------------|

---

|       |                    |
|-------|--------------------|
| TITLE | REASON FOR LEAVING |
|-------|--------------------|

DUTIES

---

| NAME OF EMPLOYER<br>ADDRESS<br>CITY, STATE, ZIP CODE | NAME AND TITLE OF<br>LAST SUPERVISOR | DATES EMPLOYED                 |                              | PAY                                      |
|--|--------------------------------------|--------------------------------|------------------------------|--|
|  |                                      | FROM;<br>MO. ____<br>YEAR ____ | TO:<br>MO. ____<br>YEAR ____ | STARTING<br>\$ ____<br>ENDING<br>\$ ____ |

---

|                               |                    |
|-------------------------------|--------------------|
| TELEPHONE<br>AREA CODE (    ) | NATURE OF BUSINESS |
|-------------------------------|--------------------|

---

|       |                    |
|-------|--------------------|
| TITLE | REASON FOR LEAVING |
|-------|--------------------|

DUTIES

---

**WORK HISTORY**

LIST NAMES OF EMPLOYERS IN CONSECUTIVE ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIODS OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES.

PLEASE GIVE MONTH AND YEAR.

DO NOT REFERENCE YOUR RESUME.

---

| NAME OF EMPLOYER<br>ADDRESS<br>CITY, STATE, ZIP CODE | NAME AND TITLE OF<br>LAST SUPERVISOR | DATES EMPLOYED                 |                              | PAY                                      |
|--|--------------------------------------|--------------------------------|------------------------------|--|
|  |                                      | FROM;<br>MO. ____<br>YEAR ____ | TO:<br>MO. ____<br>YEAR ____ | STARTING<br>\$ ____<br>ENDING<br>\$ ____ |

---

TELEPHONE \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_  
AREA CODE (    )

---

TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

---

DUTIES

---

| NAME OF EMPLOYER<br>ADDRESS<br>CITY, STATE, ZIP CODE | NAME AND TITLE OF<br>LAST SUPERVISOR | DATES EMPLOYED                 |                              | PAY                                      |
|--|--------------------------------------|--------------------------------|------------------------------|--|
|  |                                      | FROM;<br>MO. ____<br>YEAR ____ | TO:<br>MO. ____<br>YEAR ____ | STARTING<br>\$ ____<br>ENDING<br>\$ ____ |

---

TELEPHONE \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_  
AREA CODE (    )

---

TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

---

DUTIES

---

**SUPPLEMENTAL EMPLOYMENT INFORMATION**

IF YOU WORKED IN ANY OF YOUR PREVIOUS POSITIONS UNDER ANOTHER NAME, PLEASE GIVE THAT NAME(S) BELOW: (FOR REFERENCE CHECKING PURPOSES)

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_ NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

HAVE YOU EVER BEEN FIRED, OR ASKED TO RESIGN, FROM A JOB? \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

---

HAVE YOU EVER BEEN DISCIPLINED OR RECEIVED VERBAL OR WRITTEN WARNING FOR ABSENTEEISM OR TARDINESS? \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

---

## APPOINTMENT APPLICATION CERTIFICATION

BE ADVISED THAT THE FLORIDA STATE SUPREME COURT HAS RULED THAT ALL INFORMATION SUPPLIED WHILE MAKING APPLICATION FOR EMPLOYMENT WITH ALL STATE, COUNTY AND MUNICIPAL ENTITIES AND AGENCIES, BECOMES A PART OF PUBLIC RECORD UNDER PROVISIONS OF CHAPTER 119 OF FLORIDA STATUTES, AND AS SUCH MUST BE MADE AVAILABLE TO INTERESTED PARTIES UPON SPECIFIC REQUEST.

I HEREBY CERTIFY THAT ALL OF THE FACTS AND INFORMATION LISTED ON THIS APPOINTMENT APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION GIVEN BY ME ON THIS APPLICATION IS SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION. I ALSO UNDERSTAND AND AGREE THAT ANY SUCH FALSE, INCOMPLETE, OR MISLEADING INFORMATION DISCOVERED ON THIS APPLICATION AT ANY TIME AFTER I AM APPOINTED MAY RESULT IN MY DISMISSAL.

I HEREBY AUTHORIZE HERNANDO COUNTY TAX COLLECTOR TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION, TO INTERVIEW THE REFERENCES AND PREVIOUS EMPLOYERS LISTED IN THIS APPLICATION AND TO OBTAIN A REPORT FROM A CONSUMER REPORTING AGENCY TO BE USED FOR APPOINTMENT PURPOSES IN ACCORDANCE WITH FAIR CREDIT REPORTING ACT. I AUTHORIZE THE REFERENCES AND PREVIOUS EMPLOYERS LISTED TO GIVE THE TAX COLLECTOR ALL FACTS, OPINIONS AND EVALUATIONS CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL SUCH PARTIES FROM ANY LIABILITY WHICH MAY ALLEGEDLY ARISE FROM FURNISHING SUCH INFORMATION TO THE TAX COLLECTOR, INCLUDING BUT NOT LIMITED TO, ANY LIABILITY FOR DEFAMATION OR INVASION OF PRIVACY.

IN THE EVENT THAT I AM REQUIRED TO WORK OVERTIME, I UNDERSTAND AND AGREE THAT I WILL RECEIVE EITHER TIME AND ONE-HALF PAY OR COMPENSATORY TIME OFF, AT THE DISCRETION OF THE TAX COLLECTOR.

IF I AM OFFERED AN APPOINTMENT, I UNDERSTAND THAT SUCH AN OFFER WILL BE CONDITIONED UPON SATISFACTORY RESULTS OF A BACKGROUND INVESTIGATION AND/OR TAX COLLECTOR MEDICAL EXAMINATION OR INQUIRY, INCLUDING A DRUG SCREEN TEST. IF THEN APPOINTED, I UNDERSTAND THAT I WILL BE REQUIRED TO SERVE A 90 DAY INTRODUCTORY PERIOD. I FURTHER UNDERSTAND THAT MY APPOINTMENT IS AT THE PLEASURE AND DISCRETION OF THE TAX COLLECTOR AND CAN BE TERMINATED, WITH OR WITHOUT CAUSE OR NOTICE, AT ANY TIME, REGARDLESS OF THE SUCCESSFUL COMPLETION OF MY INTRODUCTORY PERIOD, AT THE OPTION OF EITHER THE TAX COLLECTOR'S OFFICE OR MYSELF. I UNDERSTAND THAT NO SUPERVISOR OR OTHER REPRESENTATIVE OF THE TAX COLLECTOR OTHER THAN THE TAX COLLECTOR HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR APPOINTMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

PERSONS SELECTED FOR EMPLOYMENT MUST FURNISH A PAPER SOCIAL SECURITY CARD BEFORE RECEIVING PAYMENT OF WAGES OR SALARIES AND TAKE AN OATH OR AFFIRMATION OF ALLEGIANCE (LOYALTY OATH, FLA. STATUTE, SECTION 876.05).

I FURTHER UNDERSTAND AND VOLUNTARILY AGREE AS A CONDITION OF APPOINTMENT OR MY CONTINUED APPOINTMENT THAT I MAY BE REQUESTED BY THE TAX COLLECTOR TO SUBMIT TO A URINALYSIS OR OTHER DRUG SCREEN TEST AND THAT FAILURE TO TAKE SUCH TEST(S) WHEN REQUESTED TO DO SO OR UNSATISFACTORY TEST RESULTS WILL DISQUALIFY ME FROM CONSIDERATION FOR APPOINTMENT, OR IF I AM THEN APPOINTED, MAY RESULT IN MY IMMEDIATE DISMISSAL.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT



CONFIDENTIAL INFORMATION:

DO YOU POSSESS A VALID DRIVER'S LICENSE? \_\_\_\_\_

NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IF NO LICENSE, STATE WHY: \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED IN THE PAST 3 YEARS? \_\_\_\_\_

IF YES, FOR WHAT VIOLATIONS \_\_\_\_\_ HOW LONG \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_