



# APPLICATION FOR EMPLOYMENT

WASHINGTON COUNTY SUPERVISOR OF ELECTIONS

1424 JACKSON AVE., SUITE C, CHIPLEY, FL 32428

\*After completion, please return to the Supervisor of Elections Office

Phone: 850-638-6230

Fax: 850-638-6238

<http://www.wcsoe.gov>



**An Equal Opportunity Employer / A Drug-Free Workplace**

\*\*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, disability or handicap, or any other legally protected status.

## APPLICANT INFORMATION

(PLEASE PRINT OR TYPE)

Date of Application: \_\_\_\_\_

Position for which applying: \_\_\_\_\_

Department: \_\_\_\_\_

Referral Source:

Advertisement    Friend    Relative    Walk-In    Employment Agency    Other: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last)                      (First)                      (Middle)

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_      Alt. Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If you are under 18 years of age, can you provide proof of your eligibility to work?      Yes      No

Are you legally eligible to work in the United States?      Yes      No

Have you ever worked for Washington County?      Yes      No

\* If yes, indicate the department, position, and reason for leaving below:

Have you carefully read the job requirements of the position for which you are applying?      Yes      No

Can you perform all the essential functions of the job for which you are applying, with or without a reasonable accommodation?

Yes      No\*

On what date would you be available to work? \_\_\_\_\_

Are you available to work?      Full-time      Part-time      Shift Work      Temporary

Can you travel if a job requires it?      Yes      No

## PUBLIC RECORD DISCLOSURE

I understand that applications and included attachments submitted for County employment are public records.

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE\*\* OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07(3)(k)1,F.S.?

YES NO

List qualifying exemption: \_\_\_\_\_

\*\*Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, and certain investigators in the Department of Children and Families [SEE §119.071(4)(d),F.S.].

Have you ever been convicted of, and/or pled no contest and/or pled guilty to any violation of any federal, state, county or municipal law, regulation or ordinance, including felonies, misdemeanors, and traffic violations other than non-moving violations; had an adjudication withheld or charges nolle prossed for a criminal offense; entered a pre-trial intervention or diversion program, or been placed on court-ordered probation? \*If you do not understand this question, you must ask for clarification.

Yes\*\* No (This is not necessarily a disqualifier).

\*\*If yes, please explain in detail, including the state, date of offense, court, type of crime, and disposition.

Have you ever been a defendant or a witness in a civil action in which you were accused of committing an intentional tort(s) (e.g., assault, battery, false imprisonment, intentional infliction of emotional distress), or an unlawful employment practice (e.g., sexual or racial harassment or discrimination)?

Yes No

If so, provide details, including the date the lawsuit commenced and concluded, the nature of the tort or claim, and the outcome. \* (This is not necessarily a disqualifier).

\*Note: If you do not understand the previous question you must ask for clarification.

**EDUCATION**

\*Note: A copy of the certificates listed below MUST be provided with application. Examples: High school diploma, GED certificate, etc.

**SCHOOL**

**GRADES**

ELEMENTARY

(Check highest level completed)

\_\_\_\_\_

5    6    7    8

HIGH SCHOOL

(Check highest level completed)

\_\_\_\_\_

9    10    11    12

**Did you graduate?**    Yes    No

**List below names of colleges, business, or trade or vocational schools:**

**SCHOOL**

**MAJOR**

**Did you graduate?**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

Yes    No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes    No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes    No

\_\_\_\_\_

**Describe specialized training, apprenticeship, skills and extra-curricular activities:**

[

**VETERANS' PREFERENCE CLAIM**

Do you wish to claim Veterans' Preference?    Yes    No

If eligible, which Veterans' Preference category are you claiming? \_\_\_\_\_

(Please indicate letter from Veterans' Preference Certification – see last page of application.)

Branch of Service: \_\_\_\_\_    Dates of Service (from – to): \_\_\_\_\_

A DD-214 or comparable document indicating the character of service which serves as a certificate of release or discharge **must be furnished at the time of application** or be submitted prior to the application deadline date and time. In addition, applicants claiming categories a, b, d, or e must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in § 1.01 F.S.

## PREVIOUS EMPLOYERS

Start with your present or last job. Include military service assignments and volunteer activities, and explain any gaps in employment. If you need additional space, please continue on a separate sheet of paper. Please remember that resumes are not a substitute for the completion of this information.

1.) Employer 1 \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Hourly Salary (Starting) \$ \_\_\_\_\_ (Ending) \$ \_\_\_\_\_

2.) Employer 2 \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Hourly Salary (Starting) \$ \_\_\_\_\_ (Ending) \$ \_\_\_\_\_

3.) Employer 3 \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Hourly Salary (Starting) \$ \_\_\_\_\_ (Ending) \$ \_\_\_\_\_

4.) Employer 4 \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Hourly Salary (Starting) \$ \_\_\_\_\_ (Ending) \$ \_\_\_\_\_

**PREVIOUS EMPLOYERS CONTINUED**

May Washington County contact the employers listed above to verify the information you have provided?

Yes      No

Have you ever been terminated or asked to resign from employment?      Yes      No

Has your employment ever been terminated by agreement?      Yes      No

Have you ever been given the choice to resign rather than be terminated?      Yes      No

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion below:

Special skills, qualifications, certificates, or licenses or endorsements; List professional, trade, business or civic activities and office held. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Do you have any relatives employed by Washington County?      Yes\*      No

\*If you answered yes, to the previous question, please provide the following information:

NAME	RELATIONSHIP	DEPARTMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL REFERENCES**

Give names, addresses, and telephone numbers of three references who are not related to you. Please use references that can give a reference regarding your character, integrity, work ethic, and other personal attributes.

NAME	CONTACT INFORMATION
1. _____	_____
2. _____	_____
3. _____	_____

## APPLICANT'S CERTIFICATION

*Please read carefully*

I understand that applications submitted for County employment are public records. I certify that the answers given herein are true and correct to the best of my knowledge

This application for employment shall be considered active for a period of time not to exceed six months. I have read page one of this application packet and understand the application process.

I understand that any false or incomplete statement, misrepresentation, or omission of facts, may be cause for denying me the right to employment or for my later dismissal. I agree, if hired, to abide by all policies, rules, and regulations of Washington County. I understand that employment with the County is at-will and that this document, nor any offer of employment from the employer, constitute an employment contract unless a specific document to that effect is executed by the employer and the employee in writing.

I authorize an investigation of all statements and information contained in this application for employment as may be necessary in arriving at any employment decision. To the extent permitted by law, I waive any legal requirements to provide notice to me regarding reports or records given or received in accordance with this authorization. Accordingly, all third parties are authorized to disclose any and all information to the County as a prospective employer and I hereby release Washington County and all persons or organizations from any liability arising from any actions taken under these authorizations. By signing below, I also agree to allow the County to conduct checks of all information that is discoverable on Internet and social media websites and to allow such information to influence both interviewing and hiring decisions for employment. I understand that this application is valid only for the position indicated, and I must reapply for future vacancies.

I freely and voluntarily agree to submit to a drug test as a part of my application for employment. I understand that either my refusal to submit to the drug test or a positive test result for illegal drugs will disqualify me from further consideration for this position.

I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

If a non-veterans' preference eligible applicant is appointed to a position and you believe you were not afforded veterans' preference, you may file a complaint with the Florida Department of Veterans' Affairs. The complaint must be submitted within 60 calendar days from the date you receive notice of your non-selection. The complaint can be mailed to: Florida Department of Veterans' Affairs, Attn: Veterans' Preference Coordinator, 11351 Ulmerton Road, Suite 311, Largo, Florida 33778-1630.

All persons seeking veterans' preference shall attempt to contact Human Resources at least one time after 45 days have passed, but not longer than 90 days, from the final date for submitting an application or the interview date, whichever is later in time, and shall document such attempt, if the applicant has not received notice of a hiring decision from the County. If the County does not respond to the attempted contact, the applicant has 60 days from that attempt date to file a complaint with the Florida Department of Veterans' Affairs.

FOR ADDITIONAL INFORMATION ON VETERANS' PREFERENCE, THE FOLLOWING LINK IS PROVIDED AS A PUBLIC SERVICE:  
<http://www.floridavets.org/benefits/veteranspref.asp>

[The Washington County Board of County Commissioners also provides assistance to Veterans through their Veterans' Service Office. Contact, Chris Hyatt, VSO at 850-638-6140, for further information.](#)

## EEO SURVEY

Applicants are considered for all positions, and all employees are treated equally during employment without regard to race, color, religion, age, gender, national origin, handicap or other legally protected status.

Although the following information is not mandatory, it is requested to assist the County in its commitment to Equal Employment Opportunities.

This data is for periodic government reporting and will be kept in a separate file.

Date of Application: \_\_\_\_\_

Position for which applying: \_\_\_\_\_

Department: \_\_\_\_\_

Referral Source:

Advertisement

Friend

Relative

Walk-In

Employment Agency

Other: \_\_\_\_\_

Please provide any optional details about your referral source below:

**Check One:**

**Gender**

Male

Female

**Race/Ethnic Group**

White

Black

Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander

# VETERANS' PREFERENCE CERTIFICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status along with your employment application, no later than the position advertisement closing date.

**I certify that I am qualified to claim Veterans' Preference as defined under the following:**

**(a)** A disabled veteran:

1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

**(b)** The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

**(c)** A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

**(d)** The unremarried widow or widower of a veteran who died of a service-connected disability.

**(e)** The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

**(f)** A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

**(g)** A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code. Please contact our Human Resources Department if you have any questions.

**This statement is true to the best of my knowledge and belief.**

Applicant Signature \_\_\_\_\_

Printed Name \_\_\_\_\_