

RONNIE BRANNON, TAX COLLECTOR
135 NE HERNANDO AVE., STE 125
LAKE CITY, FL 32055
386-758-1080



We are an equal opportunity employer dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status or veterans' status. Applications will remain on file for one year from the date of the Application.

APPLICATION FOR APPOINTMENT

DATE: _____ SOCIAL SECURITY NO: _____

ARE YOU 18 YEARS OR OLDER () YES () NO

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
Street City State Zip

PERMANENT ADDRESS: _____
Street City State Zip

PHONE: (____) _____ (____) _____ REFERRED BY: _____
Day Time Cell

ARE YOU RELATED TO ANYONE WHO WORKS IN THIS OFFICE: () YES () NO

IF YES; Name, Department and Location; _____

EMPLOYMENT DESIRED:

Position: _____ Date you Can Start _____ Salary Desired _____

Are you employed now? () Yes () No May we contact your present employer? () Yes () No

Have you ever applied to this office before () Yes () No When _____

Are there any days or hours you will not work? _____

Within the past seven (7) years:

Have you ever been convicted of, or plead guilty, no contest or *nolo contendere* to a crime? () Y () N

If Yes, give details (date, place, offense(s), charged, disposition, etc...) _____

Did you work for any of these employers under a different name? () Yes () No

If yes, Which employer(s) and under what name(s): _____

Please explain any gaps in your employment history: _____

Have you received any written reprimands or disciplinary suspensions during any previous employment: () Yes () No

If yes, please explain: _____

Have you ever been discharged or asked to resign: () Yes () No

If yes, please explain (include by whom, when and for what). Attach separate page if necessary: _____

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DRIVING RECORD:

Do you have a valid Driver's License: () Yes () No

What Class of license do you possess: _____

List Driver's License number and state: _____state_____

Have you had a suspension or probation of you license within the last five(5) years: () Yes () No

How many speeding or other moving violations have you received in the last three(3) years? _____

List below all traffic violations (except parking) on your record for the last five(5) years and all motor vehicle accidents in which you were involved (use additional page if necessary):

<u>DATE</u>	<u>LOCATION</u>	<u>DESCRIPTION</u>	<u>RESULT</u>
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES: List below the names of three(3) persons you have known for at least one(1) year:

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>YEARS ACQUAINTED</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

MILITARY RECORD:

Were you in the U.S. Armed Forces: () Yes () No

If yes, What Branch: _____

Did you receive any training in the U.S. Armed Forces that is relevant to this office: _____

Employment in this office will require a copy of your DD-214.

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VETERANS' PREFERENCE: (Complete this section only if you are claiming Veterans' Preference)

Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987: () Yes () No

If yes, give name of employer: _____

If you claim Veterans' Preference, check the type below. Attach copies of the required documents to your application to support your claim. (Documents will not be returned)

1. Veteran of a wartime era – Requires (A) DD-214 or other document showing dates of service and type of discharge.
2. Disabled Veteran – Requires (A) and (B) letter of service connected disability from the VA.
3. Veterans' Widow – Requires (A) and marriage and death certificates and statement saying not remarried.
4. Disabled Veterans' Spouse – Requires (a) and (B), evidence of marriage to the veteran, a statement that the spouse is still married at the time of application and proof that the disabled veteran cannot qualify for employment because of disability.
5. Permanently Disabled Veteran – Requires (A) indicating veteran is permanently disabled or (A) and letter from VA indicating that the veteran is permanently disabled.
6. Receipt of any Armed Forces Expeditionary Medal – Requires (A) DD-214

Veterans' Preference documentation must be submitted at the time of initial application. If any preference-eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the Division of Veterans' Affairs, PO Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

Note: Veterans' Preference pertains to all positions except the following:

1. Elected Officials
2. Boards and Commission Members
3. Department Heads
4. Personal Secretary of each such office or appointee.
5. Temporary employee for the purpose of conducting special studies
6. Positions filled internally by means of promotion, demotion or reassignment.

APPOINTMENT APPLICATION CERTIFICATION

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 EMPLOYED MAY RESULT IN MY DISMISSAL.

I HEREBY AUTHORIZE THE 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 EMPLOYMENT 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.

IF I AM OFFERED APPOINTMENT, I UNDERSTAND THAT SUCH AN OFFER MAY BE CONDITIONED UPON SATISFACTORY RESULTS OF A BACKGROUND INVESTIGATION AND/OR MEDICAL EXAMINATION OR INQUIRY, INCLUDING A DRUG SCREEN TEST. IF THEN EMPLOYED, I UNDERSTAND THAT I WILL BE REQUIRED TO SERVE A NINETY (90) DAY TRAINING PERIOD. I FURTHER UNDERSTAND THAT MY APPOINTMENT IS AT THE DISCRETION OF THE TAX COLLECTOR AND COMPENSATION AND APPOINTMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE OR NOTICE, AT ANY TIME, REGARDLESS OF THE SUCCESSFUL COMPLETION OF MY TRAINING PERIOD AT THE OPTION OF EITHER THE TAX COLLECTOR OR MYSELF. I UNDERSTAND THAT NO SUPERVISOR OR OTHER REPRESENTATIVE OF 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 FORGOING.

I FURTHER UNDERSTAND AND VOLUNTARILY AGREE AS A CONDITION OF WORK OR MY CONTINUED APPOINTMENT THAT I MAY BE REQUESTED BY THE TAX COLLECTOR TO SUBMIT TO A URINALYSIS OR OTHER DRUG OR ALCOHOL SCREEN TEST AND THAT MY FAILURE TO TAKE SUCH TEST(S) WHEN REQUESTED TO DO SO OR UNSATISFACTORY TEST RESULTS WILL DISQUALIFY ME FROM CONSIDERATION FOR WORK, OR IF I AM THEN WORKING, MAY RESULT IN MY IMMEDIATE DISMISSAL. I FURTHER UNDERSTAND THAT THIS APPLICATION WILL BE KEPT ON FILE FOR A PERIOD OF 12 MONTHS THEN SHREDDED.

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

DATE

SIGNATURE OF APPLICANT

BACKGROUND CHECK INFORMATION

In order for the State Constitution Tax Collector for Columbia County to do a background check, please provide the following information:

NAME: _____
 LAST FIRST MIDDLE

PRESENT ADDRESS: _____
 STREET CITY STATE/ZIP

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER AND STATE: _____

DATE

SIGNATURE OF APPLICANT