

KYLE KEEN, TAX COLLECTOR

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



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 _____ Salary _____
Can Start _____ 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...) _____

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? () Yes () No

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

| EDUCATION: | Name and Location of School | Degrees / Dates Certificate | Subjects Studied | Grade Average |
|-----------------------------------|--------------------------------|--------------------------------|---------------------|------------------|
| Grammar School | _____ | | | |
| High School | _____ | | | |
| College | _____ | | | |
| Trade School | _____ | | | |
| Other (including Graduate School) | _____ | | | |

PREVIOUS EMPLOYMENT: List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages if necessary):

Name: _____ From _____ To _____
Name Telephone
Address: _____ City _____ State _____ Zip _____
Position (duties) _____ Salary _____
Reason for Leaving: _____

Name: _____ From _____ To _____
Name Telephone
Address: _____ City _____ State _____ Zip _____
Position (duties) _____ Salary _____
Reason for Leaving: _____

Name: _____ From _____ To _____
Name Telephone
Address: _____ City _____ State _____ Zip _____
Position (duties) _____ Salary _____
Reason for Leaving: _____

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: _____

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 your 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.

.....
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



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|----------------------------------|-----------------------------|-------------------------|---------------------------|----------------|--------------------------------|----------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | Apt. Number | City or Town | | State | ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> | |
| 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____ | |
| QR Code - Section 1 Do Not Write In This Space | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|--|-------------------------|--|------------|---|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) |
| Document Title | | <div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div> | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

| | | | | | |
|--|--|---|--------------|--|----------------|
| Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) | | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | | First Name of Employer or Authorized Representative | | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | | City or Town | | State ZIP Code |

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

| | | | | |
|------------------------------------|-------------------------|----------------|--|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND LIST C Documents that Establish Employment Authorization |
|--|-----------|---|---|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security |

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.