



**APPLICATION FOR APPOINTMENT  
LAKE COUNTY TAX COLLECTOR**

We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, age, religion, sex, national origin, disability, color, marital status or veteran status.

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

Are you 18 years of age or older? [ ] Yes [ ] No

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Phone No: \_\_\_\_\_ Referred by: \_\_\_\_\_

Are you related to anyone who works for this Tax Collector? If so, state name, department and location:  
\_\_\_\_\_

**APPOINTMENT DESIRED:**

Position: \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to this Tax Collector before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Are there any days or hours you will not work?  
If yes, explain: \_\_\_\_\_

**EDUCATION:**

Name and Location of School	Degree/Dates Certificate	Subjects Studied	Grade Average
High School _____			
College _____			
Trade, Business, or Correspondence School _____			
Other (including Graduate School) _____			

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to a crime? [ ] YES [ ] NO

If yes, give details (date, place, offense(s), 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.) \_\_\_\_\_

**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).

Date Month and Year	Name, Address and Telephone No. of Employer	Position and Job Duties	Salary	Reason for Leaving
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From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

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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**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) DD214 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 V. A.
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 V. A. indicating that the veteran is permanently disabled.
6. Receipt of any Armed Forces Expeditionary Medal – Requires (A) DD214.

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.

Please note: Veterans' Preference pertains to all positions except the following:

1. Elected Officials.
2. Board 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 will be conditioned upon satisfactory results of a background investigation. 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 foregoing.

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 certify that I have read, understand  
and agree with the above.

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Date

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Signature of Applicant