

BERT HARTSFIELD, C.F.A.
Leon County Property Appraiser

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**OFFICE OF
LEON COUNTY
PROPERTY APPRAISER**

Employment Application

INSTRUCTIONS:

AN APPLICATION MUST BE SUBMITTED FOR EACH POSITION FOR WHICH YOU APPLY. Please print in ink or type. Photocopy is acceptable but must be signed and dated in ink.

If space provided is inadequate, use additional paper as necessary. Please furnish full name and address, including zip code, for former employers and references.

Application must be complete and accurate. All statements made on application are subject to verification. False statements are grounds for disqualification or employment termination.

Indicate position you are applying for: _____

NAME(Print): _____
Last First Middle

ADDRESS: _____
Street and Number City State Zip

TELEPHONE: _____ **DO YOU HAVE A VALID FLORIDA DRIVERS LICENSE?** ___ Yes ___ No
Home Work **Is this a chauffeurs license** ___ Yes ___ No

If information necessary to process this application is located under a different name, please include such name(s) in the space provided:

Are you a U. S. Citizen? ___ Yes ___ No
If *No*, do you possess an I-151 Card, an I-551 Card, or an I-94 Card stamped "employment authorized?" ___ Yes ___ No

EDUCATION AND TRAINING:

School	Name/Address	Major/Minor	Level Completed	Graduated	Degree
Elementary			5 6 7 8	<input type="radio"/> Yes <input type="radio"/> No	
High School			9 10 11 12	<input type="radio"/> Yes <input type="radio"/> No	
Vocational or Technical			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
College or University			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Other			1 2 3 4		

WORK RECORD:

List below all previous employment. Begin with your present position in block number 1 and work back. Also include volunteer work or hobbies in which the experience you gained is particularly relevant to the position you are applying for. Please be specific and give as much information as possible when you describe the duties of previous RELEVANT jobs.

1 Job Title _____
Company _____
City/State _____ Phone (____) _____
Supervisor's Name _____
Supervisor's Title _____
Dates Employed (From) _____ (To) _____
Mo/Yr Mo/Yr
Hours Worked Per Week _____ Salary \$ _____ Per _____
Reason For Leaving _____

Specific Duties _____

2 Job Title _____
Company _____
City/State _____ Phone (____) _____
Supervisor's Name _____
Supervisor's Title _____
Dates Employed (From) _____ (To) _____
Mo/Yr Mo/Yr
Hours Worked Per Week _____ Salary \$ _____ Per _____
Reason For Leaving _____

Specific Duties _____

3 Job Title _____
Company _____
City/State _____ Phone (____) _____
Supervisor's Name _____
Supervisor's Title _____
Dates Employed (From) _____ (To) _____
Mo/Yr Mo/Yr
Hours Worked Per Week _____ Salary \$ _____ Per _____
Reason For Leaving _____

Specific Duties _____

4 Job Title _____
Company _____
City/State _____ Phone (____) _____
Supervisor's Name _____
Supervisor's Title _____
Dates Employed (From) _____ (To) _____
Mo/Yr Mo/Yr
Hours Worked Per Week _____ Salary \$ _____ Per _____
Reason For Leaving _____

Specific Duties _____

5 Job Title _____
Company _____
City/State _____ Phone (____) _____
Supervisor's Name _____
Supervisor's Title _____
Dates Employed (From) _____ (To) _____
Mo/Yr Mo/Yr
Hours Worked Per Week _____ Salary \$ _____ Per _____
Reason For Leaving _____

Specific Duties _____

REFERENCES: Give below the names of three persons not related to you whom you have known at least one year.

Name	Address/Business/Phone	Years Acquainted

May we contact the employers listed on the preceding page?— Yes— No If not, indicate which one(s) you do not wish us to contact

Have you ever been convicted of any violation of law other than non-criminal traffic violations?— Yes — No

If yes, explain. (Conviction will not necessarily disqualify an applicant.) _____

Have you ever been bonded? — Yes — No If yes, on what jobs? _____

Do you have any relatives working for the Leon County Board of County Commissioners?— Yes— No

VETERANS PREFERENCE Check the appropriate block if you are claiming veterans' preference. Documentation substantiating your claim must be furnished at the time of application.

- 1. As a veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension.
- 2. As the spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
- 3. As a veteran of any war who has served on active duty during a wartime era.
- 4. As the unmarried widow or widower of a veteran who died of a service-connected disability.

_____ _____ _____
 Branch of Service Date of Entry Date of Honorable Discharge

Have you claimed veterans' preference and entered into covered employment by a covered employer since October 1, 1987? Yes No

If "Yes", Name of Employer _____

List any professional or occupational licenses, certificates or registrations which you currently hold (i.e., Professional Engineer, Wastewater Operator Certificate, Certified Professional Secretary, etc.) _____

TRAINING RECORD:

List below any courses, seminars, workshops, conferences, or other training that is especially relevant in preparing you for this position. Please list only relevant courses, but be sure to give complete and meaningful information so your training can be fairly evaluated. (course title, length, content, etc.)

SPECIAL SKILLS OR KNOWLEDGE:

At right, please check the appropriate circle to indicate the level of competency or experience you have in each area.

SPECIAL AREA:

- Bookkeeping none beginning intermediate advanced
- Writing/Editing none beginning intermediate advanced
- Page Layout none beginning intermediate advanced
- Microfilm Production none beginning intermediate advanced

GENERAL OFFICE:

- Calculator Use none beginning intermediate advanced
- Computer Imaging none beginning intermediate advanced
- Filing none beginning intermediate advanced
- Typing/Keyboard Skills none beginning intermediate advanced

COMPUTER HARDWARE:

- Mainframe Computer Support none beginning intermediate advanced
- Network (LAN, WAN) Support none beginning intermediate advanced
- PC/Mini Hardware Support none beginning intermediate advanced

COMPUTER SOFTWARE:

List applications with which you are familiar and indicate proficiency level:

- _____ none beginning intermediate advanced

OTHER SKILL AREAS - Please be specific:

CERTIFICATE OF APPLICANT (PLEASE READ CAREFULLY)

I hereby certify that all statements made in this application and any attachments to it are true. I understand that any misstatement, misrepresentation or omission of fact may be cause for my application not to be considered; or, if I have been employed, may be cause for my immediate dismissal. I authorize the Property Appraiser's office to verify information contained in this application and attachments. I further authorize anyone having such information to release it. I have no objection to having my record cleared through appropriate law enforcement agencies.

Date _____

Signature of Applicant _____

EQUAL OPPORTUNITY APPLICANT SURVEY

The following information is requested on a voluntary basis to allow us to evaluate the effectiveness of our equal employment opportunity/affirmative action programs. The data will be used strictly for research and reporting purposes, and will not be used in any way as part of the hiring decision. Please note that the survey is anonymous, you are not required to provide your name or any other information which would specifically identify the applicant. Your cooperation will be greatly appreciated.

Today's date: _____

Position applying for: _____

Sex: _____ Male _____ Female

Age: _____

Racial/Ethnic Data (check one):

_____ Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes Japan, China, Korea, Samoa, India and the Philippines.

_____ Black (not Hispanic origin): A person having origins in any of the black racial groups of Africa.

_____ White (not Hispanic origin): A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Disabled status: _____Yes _____ No

Nature of Disability: _____

How did you learn about the job? (check one)

_____ Tallahassee Democrat _____ Walk-in _____ Call-In

_____ Job Line _____ County Employee _____ Friend

_____ Job announcement at _____

_____ Other _____

DRIVER'S LICENSE POLICY REQUIREMENTS

If the position for which you are applying **requires the operation of a County vehicle** in the course of job duties, you are required to possess and maintain a driving record that meets the County's standards for insurance coverage. If you are offered this position, this offer of employment will be contingent upon your meeting the standards listed below. You must submit a copy of your State of Florida driving transcript upon employment. Inability to meet the following standards will prevent your employment:

Record must be free of the following violations in the past three (3) years:

Suspended or revoked license
Reckless driving
D.U.I. or D.W.I.
Vehicular homicide
Fleeing or attempting to elude police
Drag racing
Three or more accidents and/or violations

Record must have no more than one moving violation (parking failure to renew, muffler, etc., will not be considered as a moving violation) in a one-year period.

DRUG-FREE WORKPLACE POLICY

It is the policy of the Leon County Property Appraiser's office that:

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance or alcohol is prohibited in the workplace of County government.

Each employee shall abide by this policy and agree to notify the County of any conviction of such employee for a violation of and Federal or State criminal drug statute occurring in the workplace within five (5) calendar days of conviction.

Sanctions to be taken against employees for violation of this policy shall result in appropriate personnel action, up to and including discharge and/or as an alternative, requiring employee participation in an approved drug abuse assistance or rehabilitation program. These actions shall be in accord with the Leon County Property Appraiser's Rules and Regulations.