



OFFICE OF THE
NASSAU COUNTY PROPERTY APPRAISER



Honorable A. Michael Hickox

(904) 491-7300

DRUG-FREE WORKPLACE

(904) 491- 3629 (F AX)

An Equal Employment Opportunity Employer

APPLICATION FOR EMPLOYMENT

Please READ INSTRUCTIONS before you begin: PLEASE PRINT clearly or type all information.

- 1. This application must be filled out accurately and completely. If an item does not apply, insert N/A (not applicable).
2. Attach a copy of your Driver's License, transcripts and/or any documents, certificates, commendations and any other information you feel will help in the evaluation. Veterans (peacetime or wartime) must submit a copy of their DD214 for Veterans Preference.
3. No name shall remain on an open eligible list for more than six months (except firefighters).
4. Applications will be kept on file for no longer than three months. It is the applicant's responsibility to update or reinstate their application in person at the Nassau County Property Appraiser's Office.
5. Nassau County maintains and enforces a drug-free workplace program. As part of this program, applicants for special risk and safety sensitive positions may be required to submit to a drug and/or alcohol screening test. In appropriate circumstances, current employees may also be required to submit to drug and/or alcohol testing.
6. Persons selected for employment must: Pass a pre-employment background check, and/or drug test and/or a physical (by the County's physician) NOTE: New employees who resign within the first six months will have the cost of their pre-employment medical exam deducted from their final pay check.

POSITION APPLYING FOR DEPARTMENT TODAYS DATE

\$ PER LOWEST ACCEPTABLE SALARY DATE YOU CAN START

LAST NAME FIRST NAME MIDDLE NAME

PRESENT ADDRESS: STREET CITY STATE ZIP CODE

MAILING ADDRESS: STREET CITY STATE ZIP CODE

HOME PHONE: BUSINESS PHONE: ALTERNATE PHONE:

Have you ever applied/worked for Nassau County Property Appraiser's office? Where? When? YES NO

Are you related to anyone who works for the Nassau County Property Appraiser's office? If yes, whom; Name: Department: Relationship: YES NO

Are you 18 years or older? YES NO Do you have a Valid Driver's License? YES NO

List your Driver's License I.D. Number: \_\_\_\_\_ State Licensed in: \_\_\_\_\_

License: Class Types:  A  B  C  
 D Chauffeur's  E Operators

Endorsement Type: (circle if applicable)  
 ( T N P H X )

**LAW ENFORCEMENT CONVICTIONS:** Have you ever been convicted and/or plead nolo contendere (no contest) and/or plead guilty by Federal, State, Military or other law enforcement authorities, for any violation of any Federal, State, County or Municipal law, Regulation or Ordinance? Failure to list the above may result in later dismissal. Include all traffic violations other than non-moving violations. Include dates and states.  YES  NO  
 If yes, give complete information as to the date and place of all convictions and current disposition.

**Note:** A conviction record will not be a barrier to employment unless the conviction is directly related to the position sought.

**Have you ever been a defendant in a lawsuit for an intentional tort?**  YES  NO

What was the disposition of that lawsuit? \_\_\_\_\_

**EDUCATION:**

School Attended	Circle Highest Grade Completed		Did you Graduate?	Name and Location of School Last Attended		
High School	9 10 11 12 (or GED)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>COLLEGES, BUSINESS or TRADE SCHOOL: Name and Location</b>	Attended From:	To:	Credit Hours Earned	Degree or Certificate Sought	Major or Subjects Taken	Degree or Certificate Received

**PROFESSIONAL LICENSES**

DATE RECEIVED	DATE EXPIRES	TYPE OF LICENSES	Federal or State Board	License Number

**CERTIFICATES** (Include information of any additional training, courses completed, achievements, and awards :)

DATE RECEIVED	DATE EXPIRES	TYPE OF CERTIFICATES		

Did you work for any of these employers under a different name? [ ] YES [ ] NO

If yes, which employer(s) and under what name(s)? \_\_\_\_\_

**OFFICE SKILLS:** (Please check areas in which you are competent)

- Calculator
- Fax machine
- PC
- WordPerfect
- Switchboard
- Typing \_\_\_\_\_ w.p.m.
- Lotus
- Microsoft Word
- Filing
- Shorthand \_\_\_\_\_ w.p.m.
- Excel
- PowerPoint
- Photocopying
- Dictaphone
- Internet
- Microsoft Outlook
- Other: (Please List) \_\_\_\_\_

# EMPLOYMENT HISTORY

Provide the following information on your past and current employers, starting with the most recent.

EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE#	FROM	TO	
ADDRESS	HOURLY RATE/SALARY		
	STARTING		
STARTING JOB TITLE/FINAL JOB TITLE	\$	PER	
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	HOURLY RATE/SALARY		
	FINAL		
REASON FOR LEAVING	\$	PER	
EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE#	FROM	TO	
ADDRESS	HOURLY RATE/SALARY		
	STARTING		
STARTING JOB TITLE/FINAL JOB TITLE	\$	PER	
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	HOURLY RATE/SALARY		
	FINAL		
REASON FOR LEAVING	\$	PER	
EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE#	FROM	TO	
ADDRESS	HOURLY RATE/SALARY		
	STARTING		
STARTING JOB TITLE/FINAL JOB TITLE	\$	PER	
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	HOURLY RATE/SALARY		
	FINAL		
REASON FOR LEAVING	\$	PER	

Have you received any written reprimands or disciplinary suspensions during any previous employment?

[ ] YES [ ] NO

If yes, please explain: \_\_\_\_\_

Have you been discharged or asked to resign? [ ] YES [ ] NO

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

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

	Name	Address	Business	Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**YOU MUST SUBMIT A COPY OF YOUR DD-214 AND OTHER RELEVANT DOCUMENTS CONCERNING ELIGIBILITY FOR VETERANS PREFERENCE. PREFERENCE WILL BE AWARDED ONLY IF YOU SUBMIT WITH YOUR APPLICATION A COPY OF YOUR DD-214, DISCHARGE CERTIFICATE AND/OR PROOF OF RATING THAT IS LESS THAN ONE YEAR OLD OF A SERVICE-CONNECTED DISABILITY.**

**Check the appropriate block if you are claiming Veteran's preference:**

- \_\_\_\_ (1) A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense.
- \_\_\_\_ (2) 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, or interned in the line of duty by a foreign government or power.
- \_\_\_\_ (3) A veteran of any war who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. Active duty for training while in the Reserves or National Guard is not allowable.
- \_\_\_\_ (4) The unremarried widow or widower of a veteran who died of a service-connected disability.
- \_\_\_\_ (5) A veteran who served in a qualified campaign or expedition for which a campaign medal has been authorized.

_____ (Branch of Service)	_____ (Entry Date)	_____ (Discharge Date)	_____ (Type of Discharge)
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**NOTE:** Under Florida law, the state and its political subdivisions shall give preference in appointment and employment pursuant to F.S: 295.07, 295.08 and 295.11.

**To receive benefits as a wartime veteran, a veteran must have served at least 1 day during one of the following periods of wartime service:**

World War II:	Dec. 7, 1941 to Dec. 31, 1946	Persian Gulf War:	Aug. 2, 1990 to Jan. 2, 1992
Korean Conflict:	June 27, 1950 to Jan. 31, 1955	Operation Iraqi Freedom:	Sept. 11, 2001, for at least 180 consecutive days ending on the date thereafter prescribed by Presidential Proclamation or by law.
Vietnam Era:	Aug. 5, 1964 to May 7, 1975		

Nassau County employs only U.S. Citizens and lawfully authorized aliens who can provide evidence of their identity and employment eligibility as required by federal law.

Nassau County is an **Equal Employment Opportunity Employer**. The County does not discriminate on the basis of race, color, religion, age, sex, national origin, disability, political affiliation, or marital status.

*If you need an accommodation due to a disability in order to participate in the application/selection process, please notify the Property Appraiser's Office in advance.*

**APPLICATION CERTIFICATION:** READ CAREFULLY BEFORE SIGNING: I hereby certify that all of the facts and information listed on this application are to the best of my knowledge true and correct.

Therefore, I agree that any false statement or omission as to material fact will constitute grounds for rejection of my application or dismissal from the employment with the Nassau County Property Appraiser's Office. I understand that positions with the Nassau County Property Appraisers Office are "employment at will" positions. I further understand that any time during my employment with the Nassau County Property Appraiser's Office I may be required to comply with post offer medical testing as permitted by law to determine whether I am working under the influence of alcohol or a controlled substance.

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

Signature of Applicant: \_\_\_\_\_

**Voluntary Authorization for Background Investigation:** I, \_\_\_\_\_, hereby *understand and acknowledge* that as an applicant for a position with the Nassau County Property Appraiser's Office, I may be subjected to the following background investigations; *criminal, character references, prior employment, education, workers compensation, motor vehicle report, drug test and/or physician examinations.*

**I further understand that these investigations are required or allowed under law and will be initiated at the time an offer of employment is made.**

**I acknowledge that if these background investigations reveal unfavorable results, these findings may result in dismissal or non-hire.**

**I affix my signature to this document as an indication of agreement and do so without threat, intimidation, and coercion of promise of compensation.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Witness: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**A copy of your Driver's License and Social Security Card are required in order to perform the Background Investigation. Please have these documents available when returning your Employment Application.**

**BACKGROUND CHECK INFORMATION**

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**DRIVING RECORD:**

Do you have a valid driver's license  YES  NO

What class of license do you possess? \_\_\_\_\_

List of driver's license number and 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).

DATE	LOCATION	DESCRIPTION	RESULT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____