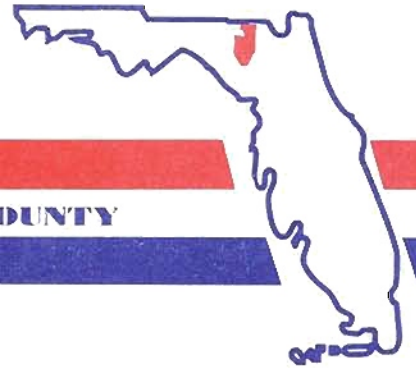


District No. 1 - Ronald Williams
District No. 2 - Dewey Weaver
District No. 3 - Jody DuPree
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Dear Applicant:

Thank you for your interest in employment with the Board of County Commissioners. Any vacant County positions that fall under the Board of County Commissioners will be listed on the bulletin board. If a job announcement is not posted, we are not accepting applications for that position. You can also check job vacancies at www.columbiacountyfla.com.

Please feel free to take an application and a copy of the job description. Applications must be completed and signed to be considered for review. Please be sure to complete the employment and reference sections. If you have a question regarding the application, please do not hesitate to ask.

TIPS FOR COMPLETING APPLICATION:

- o Legible (print or type)
- o Answer all questions
- o Sign on back of application
- o Complete and return by deadline (located on job announcement/job description)
- o Be sure to include summary of previous job duties
- o Include dates of employment, contact number & name
- o Include references & telephone numbers

We want to be able to give you the best opportunity possible for a position with the County and can only do so if you complete your application.

Thank you

An EEO/AA/Veterans Preference/ADA/Employer

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.
AND THIRD THURSDAY AT 7:00 P.M.

District No. 1 - Ronald Williams
District No. 2 - Dewey Weaver
District No. 3 - Jody DuPree
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BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

NOTICE TO APPLICANTS AND STAFF

Re: Collection of Personal Information in Compliance with F.S.S. 119.071

We care about your privacy and endeavor to protect it to the greatest extent possible. In order to obtain information to protect our office, and to provide you with benefits, certain personal information from you and your dependents must be obtained. For your information, social security numbers and certain benefits information are not subject to Florida's public record laws and are maintained on a confidential need-to-know basis, such as information subpoenaed by a court of law or provided to another agency whose receipt of social security numbers are necessary to carry out their function(s). Your social security number will be obtained solely for the purpose of fulfilling duties and responsibilities as prescribed by law and include:

- Background check investigation such a criminal, credit record check and/or driving record
- FRS and deferment income information
- Insurance benefits
- Verification of employment information

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.
AND THIRD THURSDAY AT 7:00 P.M.

**“NOTICE - DRUG FREE WORKPLACE -
IF YOU USE ILLEGAL DRUGS, DO NOT APPLY. WE TEST ALL
APPLICANTS FOR DRUGS PRIOR TO HIRE.”**

Please initial and date, then return with application. Thank you.

Initial Date

BCC APPROVED POLICY RESOLUTION 05/19/94

**NOTICE TO APPLICANTS
ADVANCED REQUEST FOR REASONABLE ACCOMMODATION**

We encourage qualified individuals with disabilities to apply for employment. Individuals with disabilities who require reasonable accommodation to participate in any portion of the application, interview, and/or testing process must advise us in advance. Upon request, applicants must provide documentation confirming a disability and the need for accommodation

Please initial and date, then return with application. Thank you.

Initial Date

VETERANS' PREFERENCE INFORMATION SHEET
Complete ONLY if you are a Florida resident claiming Veterans' Preference

The Board of County Commissioners, in accordance with Florida Law, provides preference to veterans in appointment and retention. The term "veteran" means a person 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. To receive benefits as a wartime veteran, a veteran must have served in a campaign or expedition for which a campaign badge has been authorized or a veteran must have served during one of the following periods of wartime service. The veteran must have served at least 1 day during a wartime period to be eligible for veterans' preference. Active duty for training shall not be allowed for eligibility under this paragraph.

Check the appropriate statement as it applies to you:

- ___ 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, or

 - ___ 2. The spouse of a veteran who cannot qualify for employment because of a total, permanent disability, resulting from a service connected disability, or the spouse of a veteran missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power, or

 - ___ 3. A veteran of any war as defined in s.1.01 (14). A Veteran of any war who served on active duty during a wartime era; and who was discharged under honorable conditions:
 "Wartime Era" includes:
 - (a.) **World War II:** December 7, 1941 to December 31, 1946;
 - (b.) **Korean Conflict:** June 27, 1950 to January 31, 1955;
 - (c.) **Vietnam Era:** February 28, 1961, to May 7, 1975;
 - (d.) **Persian Gulf War:** August 2, 1990, to January 2, 1992
 - (e.) ***Operation Enduring Freedom:** October 7, 2001 to date to be determined;
 - (f.) ***Operation Iraqi Freedom:** March 19, 2003, to date to be determined, or
- *The receipt of a campaign or expeditionary medal is not required for these dates of service.**
-
- ___ 4. The un-remarried widow or widower of a veteran who died of a service connected disability.

To be eligible for preference, appropriate supporting documentation (DD214 or statement of disability certification) must be submitted at time of application.

Under Florida law, preference in appointment and retention shall be given first to those people included in 1 and 2 above and second to those persons included in 3 and 4 above.
An applicant claiming Veterans' Preference for a vacant position who was not selected may file a complaint with the Florida Department of Veterans' Affairs, PO Box 31003, St. Petersburg, Florida 33731, within 21 calendar days from the date of notice that the applicant was not selected for the position or within 3 months of the date the application was filed with the employer if no notice is given.

BRANCH OF SERVICE: _____

DATE OF ENTRY: _____

DATE OF DISCHARGE: _____

SIGNATURE _____

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source ___ Advertisement ___ Employee ___ Relative ___ Government Employment Agency
 ___ Walk-in ___ Employment Agency ___ Other _____

Name of Source (if applicable) _____

Name _____

Address _____

Telephone # () _____ **Mobile/Beeper/Other #** () _____ **Email Address** _____

May we contact you at work?..... Yes No

If yes, work number and best time to call.....() _____ : _____ a.m./p.m.

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you been employed by Columbia County before? Yes No.....If yes, when _____

If yes, give dates..... from ____ / ____ / ____ to ____ / ____ / ____

Do any of your friends or relatives, including spouse, work here?..... Yes No

If Yes, state name and relationship _____

Are you legally eligible for employment in this country?(proof of citizenship may be required upon employment)..... Yes No

Date available for work..... ____ / ____ / ____ What is your desired salary range?\$ _____

Type of employment desired ___ Full-Time ___ Part-Time ___ Temporary ___ Seasonal ___ Educational Co-Op

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded?..... Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes No

If yes, please provide date(s) and details _____

Have you ever been a defendant in a civil action for an intentional tort (e.g., a civil charge for assault, battery, intentional infliction of emotional distress, false imprisonment, wrongful death, etc.)?..... Yes No

If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number _____ State _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer _____	Telephone # _____	Dates Employed From _____ To _____	Summary of work performed and job responsibilities _____ _____ _____ _____ _____ _____
Address _____	Starting Job Title/Final Job Title _____		
Immediate Supervisor and Title _____	Reason for Leaving _____	Hourly Rate/Salary Starting _____ \$ _____ per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Hourly Rate/Salary Final _____ \$ _____ per	

Employer _____	Telephone # _____	Dates Employed From _____ To _____	Summary of work performed and job responsibilities _____ _____ _____ _____ _____ _____
Address _____	Starting Job Title/Final Job Title _____		
Immediate Supervisor and Title _____	Reason for Leaving _____	Hourly Rate/Salary Starting _____ \$ _____ per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Hourly Rate/Salary Final _____ \$ _____ per	

Employer _____	Telephone # _____	Dates Employed From _____ To _____	Summary of work performed and job responsibilities _____ _____ _____ _____ _____ _____
Address _____	Starting Job Title/Final Job Title _____		
Immediate Supervisor and Title _____	Reason for Leaving _____	Hourly Rate/Salary Starting _____ \$ _____ per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Hourly Rate/Salary Final _____ \$ _____ per	

Comments including explanation of any gaps in employment

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Social Security Number: _____

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

School	Years completed	GPA Rank	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References

List name and telephone number of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone Number	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information

List professional, trade, business or civic associations and any offices held. (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status).

Organization	Office(s) Held
_____	_____
_____	_____
_____	_____

List special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status).

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and accurate.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 60 days from date application is filed. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____

