

**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](http://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:**

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

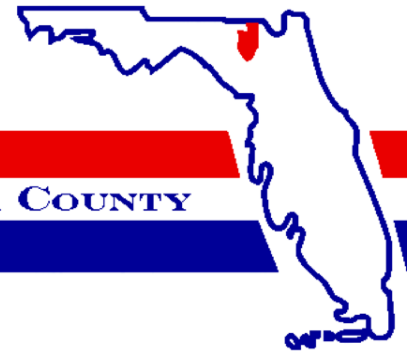
Thank you

An EEO/AA/Veterans Preference/ADA/Employer

# ATTENTION CANDIDATES

If the position you are applying for requires a Valid Driver's License and/or a High School Diploma, GED or Degree; they must be submitted at the time we receive your application.

If we do not receive the verification of driver's license and verification of education, at the time of receipt of the application we will consider the application to be incomplete.



**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

Z:\HUMAN RESOURCE\Forms & Form Letters\Applications\Insert 4\_Collection of Personal Information.doc

**BOARD MEETS FIRST THURSDAY AT 5:30 P.M.  
AND THIRD THURSDAY AT 5:30 P.M.**

# Application for Employment



Columbia County BCC  
135 N.E. Hernando Avenue, Suite 203  
Lake City, FL 32055  
386-719-2025

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.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone # ( ) \_\_\_\_\_ Cellular/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source** (Please check the appropriate category and list the source.)

- Walk-in \_\_\_\_\_
- Employee \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Company's Website \_\_\_\_\_
- Other Internet \_\_\_\_\_

- School \_\_\_\_\_
- Job Fair \_\_\_\_\_
- Staffing Agency \_\_\_\_\_
- Government Employment Agency \_\_\_\_\_
- Other \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_  
 Home  Cellular/Other

May we contact you at work? .....  Yes  No  
If yes, work number and best time to call:  
( ) \_\_\_\_\_ : \_\_\_\_\_  
AM PM

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No  
If no, please explain: \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No  
If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No  
If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is this application a request for reemployment following an extended military leave of absence from this company? .....  Yes  No

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

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

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

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

If they have been explained to you, are you able to meet the attendance requirements of the position? .....  N/A  Yes  No

Will you work overtime if required? .....  Yes  No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

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

Answering "yes" to either of the following 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.

Have you ever pleaded "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 nature of the tort and disposition of the matter (how it was resolved).  
\_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? .....  Yes  No

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

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # (      )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$      per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$      per
		Commission/Bonus/Other Compensation \$

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employer	Telephone # (      )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$      per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
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Why did you leave?	E-mail:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$      per
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Why did you leave?	E-mail:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$      per
		Commission/Bonus/Other Compensation \$

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? .....  Yes  No

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

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

- |  |              |   |              |
|--|--------------|---|--------------|
| <input type="checkbox"/> Word Processing _____ | Years: _____ | <input type="checkbox"/> Internet _____ | Years: _____ |
| <input type="checkbox"/> Spreadsheet _____     | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |
| <input type="checkbox"/> Presentation _____    | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |
| <input type="checkbox"/> E-mail _____          | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers 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	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Social Security Number

SS# \_\_\_\_\_

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

## Related Information

### To what job-related organizations (professional, trade, etc.) do you belong?

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	Offices Held

### List special accomplishments, publications, awards, etc.

Exclude information 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.

### In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

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

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

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

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, resumé 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 truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

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

I understand that this application remains current for only 30 days. 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 for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

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

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

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) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_



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720 International Parkway, Sunrise, FL 33325  
800-999-9111 • www.gneil.com to reorder  
Florida Application for Employment #RB-A1908



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**“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 \_\_\_\_\_

## Affirmative Action

### Voluntary Information Completion of the information below is voluntary.

*We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.*

**To be completed by applicant on a voluntary basis. Not for interviewing purposes. To be filed separately from application.**

In an effort to comply with requirements regarding government record-keeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source

\_\_\_ Walk-in \_\_\_ Employment Agency \_\_\_ Employee \_\_\_ Relative \_\_\_ School

\_\_\_ Advertisement-Source \_\_\_\_\_ Other \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

### Applicant Information

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Last First Middle

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

\_\_\_ Male \_\_\_ Female

### *Please check one of the following Equal Employment Opportunity Identification Groups:*

\_\_\_ White (not of Hispanic Origin) \_\_\_ Black (not of Hispanic Origin) \_\_\_ Hispanic

\_\_\_ American Indian/Alaskan Native \_\_\_ Asian/Pacific Islander

### For Administrative Use Only

Position(s) applied for \_\_\_ Available \_\_\_ Not Available

Other positions applied for \_\_\_\_\_

Hired \_\_\_ Yes \_\_\_ No Position hired for \_\_\_\_\_ Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_

*From the EEO job classifications listed below, which one best describes the position filled?*

\_\_\_ Officials and Managers \_\_\_ Operatives (semi-skilled) \_\_\_ Professionals

\_\_\_ Office and Clerical Workers \_\_\_ Laborers (unskilled) \_\_\_ Technicians

\_\_\_ Craft Workers (skilled) \_\_\_ Service Workers

Notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_