



# APPLICATION FOR EMPLOYMENT

WASHINGTON COUNTY BOARD OF COUNTY COMMISSIONERS

1331 SOUTH BLVD., CHIPLEY, FL 32428

\*After completion, please return to the Human Resources Department.

Phone: 850-415-5151 Fax: 850-415-5152

<http://www.washingtonfl.com/humanresources/hr.htm>

## An Equal Opportunity Employer / A Drug-Free Workplace

\*\*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

### (PLEASE PRINT OR TYPE)

Date of Application: \_\_\_\_\_

Position for which applying: \_\_\_\_\_

Department: \_\_\_\_\_

Referral Source:

Advertisement  Friend  Relative  Walk-In  Employment Agency  Other: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(City, State, Zip)

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you at least 18 years of age?  Yes  No

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Have you ever worked for Washington County?  Yes\*  No

\* If yes, indicate the department, position, and reason for leaving. \_\_\_\_\_

Have you carefully read the job requirements?  Yes  No

Can you perform all the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No\*

On what date would you be available to work? \_\_\_\_\_

Are you available to work?  Full-time  Part-time  Shift Work  Temporary

Can you travel if a job requires it?  Yes  No

### PUBLIC RECORD DISCLOSURE

I understand that applications and included attachments submitted for County employment are public records.

**Please NOTE:**  
Although we welcome your resume as an addendum, your resume will not substitute for completion of this application. To be eligible for consideration, please fill out all sections of the application.

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE\*\* OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07(3)(k)1,F.S.?

YES  NO

List qualifying exemption: \_\_\_\_\_

\*\*Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, and certain investigators in the Department of Children and Families [SEE §119.07(3)(k)1,F.S.].

Have you ever been convicted of, and/or pled no contest and/or pled guilty to any violation of any federal, state, county or municipal law, regulation or ordinance, including felonies, misdemeanors, and traffic violations other than non-moving violations; had an adjudication withheld for a criminal offense; entered a pre-trial intervention or diversion program, or been placed on court-ordered probation? \*If you do not understand this question, you must ask for clarification.

Yes\*\*  No (This is not necessarily a disqualifier).

\*\*If yes, please explain in detail, including the state, date of offense, court, type of crime, and disposition.

\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

\*Note: A copy of the certificates listed below MUST be provided with application. Examples: High school diploma, GED certificate, etc.

SCHOOL  
ELEMENTARY

GRADES  
(Check highest level completed)

\_\_\_\_\_

5 6 7 8

HIGH SCHOOL

(Check highest level completed)

\_\_\_\_\_

9 10 11 12 – Did you graduate?  Yes

No

List below names of colleges, business, or trade or vocational schools:

<u>SCHOOL</u>	<u>MAJOR</u>	<u>Did you graduate?</u>	<u>DATE</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Describe specialized training, apprenticeship, skills and extra-curricular activities:

\_\_\_\_\_  
\_\_\_\_\_

### VETERANS' PREFERENCE CLAIM

Do you wish to claim Veterans' Preference?  Yes  No

If eligible, which Veterans' Preference category are you claiming? \_\_\_\_\_

(Please indicate number from Veterans' Preference information sheet – see last page of application.)

Branch of Service: \_\_\_\_\_ Dates of Service (from – to): \_\_\_\_\_

A DD-214 or comparable document indicating the character of service which serves as a certificate of release or discharge **must be furnished at the time of application.** In addition, applicants claiming categories 1, 2, 3, or 5 must

furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in § 1.01 F.S.

### PREVIOUS EMPLOYERS

Start with your present or last job. Include military service assignments and volunteer activities. If you need additional space, please continue on a separate sheet of paper. Please remember that resumes are not a substitute for the completion of this information.

1.) Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Hourly Salary (Starting) \$ \_\_\_\_\_ (Ending) \$ \_\_\_\_\_

2.) Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Hourly Salary (Starting) \$ \_\_\_\_\_ (Ending) \$ \_\_\_\_\_

3.) Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Hourly Salary (Starting) \$ \_\_\_\_\_ (Ending) \$ \_\_\_\_\_

4.) Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Hourly Salary (Starting) \$ \_\_\_\_\_ (Ending) \$ \_\_\_\_\_

May Washington County contact the employers listed above to verify the information you have provided?

Yes  No

Have you ever been terminated or asked to resign from employment?  Yes  No

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

Special skills, qualifications, certificates, or licenses or endorsements:

List professional, trade, business or civic activities and office held. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Do you have any relatives employed by Washington County?  Yes\*  No

\*If yes, please provide the following information:

NAME	RELATIONSHIP	DEPARTMENT
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### PERSONAL REFERENCES

Give names, addresses, and telephone numbers of three references who are not related to you. Please use references than can give a reference regarding your character, integrity, work ethic, and other personal attributes.

NAME	CONTACT INFORMATION
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- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

### APPLICANT'S CERTIFICATION

*Please read carefully*

I understand that applications submitted for County employment are public records. I certify that the answers given herein are true and correct to the best of my knowledge

This application for employment shall be considered active for a period of time not to exceed six months. I have read page one of this application packet and understand the application process.

I understand that any false or incomplete statement, misrepresentation, or omission of facts, may be cause for denying me the right to employment or for my later dismissal. I agree, if hired, to abide by all policies, rules, and regulations of Washington County. I understand that this document, nor any offer of employment from the employer, constitute an employment contract unless a specific document to that effect is executed by the employer and the employee in writing.

I authorize an investigation of all statements and information contained in this application for employment as may be necessary in arriving at any employment decision. To the extent permitted by law, I waive any legal requirements to provide notice to me regarding reports or records given or received in accordance with this authorization. Accordingly, all third parties are authorized to disclose any and all information to the County as a prospective employer and I hereby release Washington County and all persons or organizations from any liability arising from any actions taken under these authorizations. By signing below, I also agree to allow the County to conduct checks of all information that is discoverable on Internet and social media websites and to allow such information to influence both interviewing and hiring decisions for employment. I understand that this application is valid only for the position indicated, and I must reapply for future vacancies.

I freely and voluntarily agree to submit to a drug test as a part of my application for employment. I understand that either my refusal to submit to the drug test or a positive test result for illegal drugs will disqualify me from further consideration for this position.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

## EEO SURVEY

Applicants are considered for all positions, and all employees are treated equally during employment without regard to race, color, religion, gender, national origin, handicap or other legally protected status.

Although the following information is not mandatory, it is requested to assist the County in its commitment to Equal Employment Opportunities.

This data is for periodic government reporting and will be kept in a separate file.

Date of Application: \_\_\_\_\_

Position for which applying: \_\_\_\_\_

Department: \_\_\_\_\_

Referral Source:

Advertisement    Friend    Relative    Walk-In    Employment Agency    Other: \_\_\_\_\_

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**Check One:**

Gender

Male    Female

Race/Ethnic Group

White    Black    Hispanic    American Indian/Alaskan Native    Asian/Pacific Islander

## STATUS OF PREFERENCE

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- 1) Honorably discharged disabled Veteran who has a service connected, compensable disability.
- 2) The spouse of a totally disabled Veteran, who because of this disability cannot qualify for employment.
- 3) The spouse of any person missing in action, captured in the line of duty, or forcibly detained.
- 4) A Veteran of any war who served during a wartime era. "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 1, 1992;
  - e) Korean Conflict: June 27, 1950 to January 31, 1955;
  - f) Vietnam Era: February 28, 1961 to May 7, 1975;
  - g) Persian Gulf War: August 2, 1990 to January 2, 1992.
  - h) Operation Enduring Freedom: October 7, 2001 to date to be determined.
  - i) Operation Iraqi Freedom: March 19, 2003 to date to be determined.
  - j) U.S. Combat Campaigns and Expeditions as listed in Chapter 2003-42, Laws of Florida. For a complete listing please look under the Veterans' tab on the Human Resources website.  
[http://www.washingtonfl.com/humanresources/status\\_of\\_preference.htm](http://www.washingtonfl.com/humanresources/status_of_preference.htm)
- 5) The un-remarried widow or widower of a Veteran who died of a service connected disability;
- 6) A Veteran of U.S. Combat Campaigns or Expeditions that qualify for preference as defined by law (possesses Armed Forces Expeditionary Medal - AFEM).

Should you qualify for the preference under any category and wish to assert it, please state the status of your preference (one of the above listed categories) on the application for employment in the military section. Documentation (DD214 or comparable documentation substantiating your claim) **MUST BE FURNISHED AT THE TIME OF APPLICATION TO BE ELIGIBLE**. Please mail, fax, or bring in the documentation immediately after submitting your application for employment. If claiming preference due to disability, a letter that is less than one year old from the Veteran's Administration stating disability percentage must be submitted in addition to the DD214.

If an applicant claiming Veterans' Preference is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, Florida 33778-1630. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision or with 3 months of the date the application is filed if no notice is given.

FOR ADDITIONAL INFORMATION ON VETERANS' PREFERENCE, THE FOLLOWING LINK IS PROVIDED AS A PUBLIC SERVICE:  
<http://www.floridavets.org/benefits/veteranspref.asp>

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The Washington county Board of County Commissioners also provides assistance to Veterans through their Veterans' Service Office. Contact, Chris Hyatt, VSO at 850-638-6140, for further information.