



**SARASOTA COUNTY TAX COLLECTOR
BARBARA FORD-COATES
EMPLOYMENT APPLICATION**

101 S. Washington Blvd.
Sarasota, FL 34236-6940
(941) 861-8300
www.SarasotaTaxCollector.com

ALL INFORMATION CONTAINED ON THIS APPLICATION WILL BE PUBLIC RECORD AS SOON AS IT IS SUBMITTED TO THE TAX COLLECTOR (EXCEPT FOR APPLICANT'S SOCIAL SECURITY NUMBER). IF THIS IS NOT ACCEPTABLE, DO NOT COMPLETE OR SUBMIT ANY PART OF THE APPLICATION.

NAME (LAST) (FIRST) (MIDDLE) DATE

ADDRESS (NUMBER & STREET) (CITY) (STATE) (ZIP CODE)

HOME TELEPHONE NUMBER CONTACT TIME REFERRED BY

ALTERNATE TELEPHONE NUMBER NAME OF CONTACT PERSON DATE AVAILABLE

INDICATE SCHEDULE YOU ARE ABLE TO WORK: FULL TIME
PART TIME

INDICATE LOCATIONS YOU ARE ABLE TO WORK (CHECK ALL THAT APPLY): SARASOTA (DOWNTOWN)
SOUTH SARASOTA (NEAR SARASOTA SQUARE MALL)
VENICE (4000 S. TAMiami TRAIL, VENICE)

NAME ANY RELATIVE CURRENTLY EMPLOYED BY THE TAX COLLECTOR:

NAME RELATIONSHIP LOCATION

IMPORTANT INFORMATION - PLEASE READ

1. The Tax Collector is an equal opportunity/affirmative action/ADA compliant employer and does not discriminate on the basis of race, religion, color, sex, marital status, sexual orientation, age, national origin, or disability. A job applicant with a disability who requires reasonable accommodation to participate in the application/selection process is requested to make known the need for an accommodation to appropriate Tax Collector staff members.
2. Employment with the Sarasota County Tax Collector is "at will". Management reserves the right to terminate employees at will without affording procedural due process.
3. New employees shall be subject to a 6-month probationary period. The probationary period may be extended or shortened at management's discretion.
4. The Tax Collector makes every effort to accommodate individual preferences. However, work needs and changes may make the following conditions mandatory: overtime; rotating work schedule; a work schedule other than Monday through Friday; and job reassignments.
5. All applicants accepted for employment must be in possession of an official Social Security Card and must have demonstrated their eligibility to work according to Federal Law.
6. A false answer or any material omission to any question in this application may be grounds for not employing you, or dismissing you after you begin work, which may negate any continuing benefits for which you may otherwise be eligible.
7. Offers of employment are contingent on the results of a background check, reference check and verification of driving record.

For Office Use Only: _____ FT PT NORTH MID SOUTH

EDUCATION AND TRAINING:

Name and location of last school attended: _____

YES NO
G.E.D. Certificate
High School Diploma
College Degree

Highest Grade Completed _____

Degree:

A.A.
B.A./B.S.
M.A./M.S.
Other:

<u>College Attended</u>	<u>From</u>	<u>To</u>	<u>Major</u>	<u>Degree</u>	<u>Credit Hours</u>

Vocational, Trade, Business, Armed Forces, and other schools and special training:

<u>School Attended</u>	<u>From</u>	<u>To</u>	<u>Program</u>	<u>Certificate</u>

If you are proficient in any languages in addition to English, please list: _____

Are you proficient with a computer keyboard? Yes No

Software applications with which you are proficient (i.e. Windows, Word, Excel, Access): _____

License(s) held (except driver's license), such as Emergency Medical Technician, Real Estate Broker, etc.

Licenses:

Issued By:

Expiration Date:

LEGAL ISSUES:

Have you ever worked under a different name? No Yes Name(s): _____

If you are not a citizen, do you have the legal right to work in the United States? YES NO

If YES - Alien Registration Number: A _____

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor? NO YES

Are you currently involved in an unresolved felony or misdemeanor charge? NO YES

If yes: Where _____ When _____

Please state particulars: _____

Are you now on probation? NO YES Probationary Period: From _____ To _____

NOTE: A "YES" answer will not necessarily bar you from employment. The nature, severity and date of the offense(s) will be considered in relation to the position for which you are applying.

Do you have a valid Florida driver's license? YES NO If another state, please specify _____

Driver's license number: _____

Have you had a traffic violation in the last three years? YES NO

If yes, please explain _____

Has your driver's license ever been suspended or revoked? YES NO

If yes, for what reason? _____

We periodically review driving records; therefore your driving record is subject to review at any time during your employment.

WORK EXPERIENCE:

Please complete your employment history for the last 7 years starting with your present/most recent employer. For any unemployed or self employed periods, show dates (i.e. month and year) and locations. If you have a resume, you may attach it, however all information requested below must be completed if it is not included on the resume.

May we contact your current employer? YES NO

Employer		Job Title				
Address		Reason For Leaving				
City, State, Zip		From Mo. Yr.	To Mo. Yr.	Monthly Earnings	Hours Per wk.	Number of Employees You Supervised
Supervisor Telephone #						
Describe Your Job:						
Employer		Job Title				
Address		Reason For Leaving				
City, State, Zip		From Mo. Yr.	To Mo. Yr.	Monthly Earnings	Hours Per wk.	Number of Employees You Supervised
Supervisor Telephone #						
Describe Your Job:						
Employer		Job Title				
Address		Reason For Leaving				
City, State, Zip		From Mo. Yr.	To Mo. Yr.	Monthly Earnings	Hours Per wk.	Number of Employees You Supervised
Supervisor Telephone #						
Describe Your Job:						

VETERAN'S PREFERENCE:

Preference is extended to certain eligible veterans and spouses of veterans.

If you desire to claim Veteran's Preference, check which applies.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A disabled veteran who is eligible for or is receiving compensation under public laws administered by the U. S. Veterans Administration and the Department of Defense;	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; or the spouse of a wartime veteran;	A veteran of any war who has served on active duty for 180 consecutive days or more and was honorably discharged from the U.S. Armed Forces if any part of such active duty was performed during a wartime era.	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

NOTE: To receive preferential consideration, form DD-214 is required at the time of making application. An eligible spouse must also provide documentation of marriage.

Have you obtained employment with the State of Florida or any political jurisdiction since October 1, 1987 as a result of claiming Veteran's Preference? YES NO

STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION

I understand that the Tax Collector conducts background checks of all successful applicants for employment. I hereby give the Tax Collector permission to make a thorough investigation of my criminal/legal background, my work, education and driving records and to verify all other data I have provided, except where otherwise indicated. It is my understanding that **this application, by law, will become public record when submitted to the Tax Collector**. I further understand that if employed, other potential employers may contact the Tax Collector from time to time for job-related information. I hereby authorize the Tax Collector to provide factual job-related information to potential employers upon request.

I have read and understand all the information and agree to the terms provided herein and I hereby release the Tax Collector from any liability which may result from furnishing the information requested above.

All requests for information have been completed as fully and accurately as possible and I recognize that any material misrepresentation or pertinent omission of fact on my application may disqualify me from employment with the Tax Collector.

Date

Signature of Applicant

VOLUNTARY AFFIRMATIVE ACTION SURVEY

It is unlawful to discriminate on the basis of age, sex, race, color, religion, national origin and physical handicaps. **This is a voluntary survey.** Answering any or all questions is at your discretion.

THIS INFORMATION IS FOR EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION REVIEW. IT WILL NOT BE CONSIDERED IN YOUR EMPLOYMENT APPLICATION.

NAME: _____

POSITION APPLIED FOR: _____

SEX: MALE FEMALE

DATE OF BIRTH: _____

RACE (CHECK ONE ONLY):

- WHITE - Persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK - Persons having origins in any of the black racial groups of Africa.
- HISPANIC - Persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example; China, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN OR ALASKAN NATIVE - Persons having origins in the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

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