



Escambia County Property Appraiser

# Employment Application

Equal Opportunity Employer  
Affirmative Action Employer  
Drug & Smoke-free Employer

POSITION APPLIED FOR	
Title:	_____
Date Available:	____/____/____
Minimum Acceptable Salary:	_____

GENERAL INSTRUCTIONS
<ul style="list-style-type: none"> <li>Type or print in ink this application in its entirety.</li> <li>Specify the position for which you are applying. (Note: A <b>separate</b> application must be submitted for each vacancy. Photocopies are acceptable.)</li> <li>Sign your name in the Certification Section (page 4). All information you submit is subject to verification.</li> <li>Notify the PA Office in advance if you require special disability accommodations to participate in the employment process.</li> <li>We are an equal opportunity employer, dedicated to nondiscrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability or marital status.</li> <li>We are a drug and smoke-free employer; attached affidavit required.</li> </ul>

HOW DO WE CONTACT YOU?	
Your Name _____	
Social Security Number _____	
Your Mailing Address _____	
_____	
City	State Zip Code
_____	
Home Phone	Business Phone
_____	
E-mail Address _____	

## EDUCATION

HIGH SCHOOL			
NAME / LOCATION OF SCHOOL	RECEIVED:	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> NONE
_____			

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL \_\_\_\_\_

COLLEGE, UNIVERSITY OR PROFESSIONAL (TRANSCRIPTS MAY BE REQUIRED)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE		CREDITS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	FROM	TO		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL \_\_\_\_\_

JOB-RELATED TRAINING OR COURSE WORK (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)								
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE		CREDITS EARNED		COURSE OF STUDY	TRAINING	
		FROM	TO	FROM	TO		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL \_\_\_\_\_

## LICENSURE, REGISTRATION, CERTIFICATION

Examples: Driver License, Teacher Certification, RN, LPN, PE, CPA, etc.

LICENSE, REGISTRATION OR CERTIFICATION:	NUMBER	DATE RECEIVED	EXPIRATION DATE	AGENCY

## PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. All information in this section **must** be completed. **Resumes may be attached to provide additional information.**

Name of Present or Last Employer: _____	
Address: _____	Phone No.: _____
Your Job Title: _____	Supervisor's Name: _____
FROM: ____/____/____	TO: ____/____/____
HOURS PER WEEK: _____	( _____ )
<small>YOUR NAME IF DIFFERENT DURING EMPLOYMENT</small>	
Duties and Responsibilities: _____	
_____	
_____	
_____	
_____	
Reason For Leaving: _____	

Name of Present or Last Employer: _____	
Address: _____	Phone No.: _____
Your Job Title: _____	Supervisor's Name: _____
FROM: ____/____/____	TO: ____/____/____
HOURS PER WEEK: _____	( _____ )
<small>YOUR NAME IF DIFFERENT DURING EMPLOYMENT</small>	
Duties and Responsibilities: _____	
_____	
_____	
_____	
_____	
Reason For Leaving: _____	

Name of Present or Last Employer: _____	
Address: _____	Phone No.: _____
Your Job Title: _____	Supervisor's Name: _____
FROM: ____/____/____	TO: ____/____/____
HOURS PER WEEK: _____	( _____ )
<small>YOUR NAME IF DIFFERENT DURING EMPLOYMENT</small>	
Duties and Responsibilities: _____	
_____	
_____	
_____	
_____	
Reason For Leaving: _____	

Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ ( \_\_\_\_\_ )  
YOUR NAME IF DIFFERENT DURING EMPLOYMENT  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ ( \_\_\_\_\_ )  
YOUR NAME IF DIFFERENT DURING EMPLOYMENT  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ ( \_\_\_\_\_ )  
YOUR NAME IF DIFFERENT DURING EMPLOYMENT  
Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

## KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe **relevant to the position you seek**, such as operating heavy equipment, computer skills, fluency in language(s), etc.

---

---

---

---

## EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

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, F.S.? YES NO

\*\*Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families Services [see §119.07, F.S.].

## BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?  YES  NO

If "YES", what charges?

Where convicted? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?  YES  NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?  YES  NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

## CITIZENSHIP

The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?  YES  NO

## RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?  YES  NO

## SELECTIVE SERVICE SYSTEM REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION?  YES  NO

## CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Escambia County Property Appraiser's Office for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Driving Record

Do you have a valid driver license?  YES  NO What class of license do you possess? \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Have you ever had your license or driving privileges revoked, suspended, or placed on probation?  YES  NO

If yes, please explain (include when, where, and what action was taken): \_\_\_\_\_

---

---

---

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 pages if necessary)

Date	Location	Description	Results

**References:** Give below the names of three (3) persons not related to you, whom you have known at least one (1) year

Name	Address	Phone	Years Acquainted

### In case of Emergency, Clearly Notify:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

Zip Code

\_\_\_\_\_  
Home Phone

Business Phone

Your Name: \_\_\_\_\_

Position Title for Which You are Applying: \_\_\_\_\_

### VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under 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 and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

A **DD214** or comparable document which serves as a certificate of release or discharge **must be furnished at the time of application**. In addition, applicants claiming categories 1, 2, or 4 above 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. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

### VETERANS' PREFERENCE CLAIM

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?  
(Please indicate number from Veterans' Preference Information section above.)

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA?  YES  NO

ARE YOU A RESIDENT OF THE STATE OF FLORIDA?  YES  NO

**NOTE:** If you are claiming Veterans' Preference you **must** meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.



**Chris Jones, CFA**  
**Escambia County Property Appraiser**  
221 Palafox Place, Suite 300, Pensacola, FL 32502-5836  
Phone 850 434-2735 , Fax 850 435-9526



Beginning December 1, 2011, applicants for positions within the Escambia County Property Appraiser's Office must verify their non-use of tobacco products in order to be considered for employment. With the exception of those currently employed by the Escambia County Property Appraiser, all applicants must state whether or not he or she has used tobacco products during the preceding 60-day period and that they recognize that any future use of tobacco products could impede future promotional opportunities or even subject them to termination.

Have you used tobacco products in the past 60 days? Yes\_\_\_\_\_ OR No\_\_\_\_\_

I understand that if I accept an offer of employment, I will be screened for tobacco use, and if I have a positive confirmed test or refuse to be screened, I will be ineligible for hire with the Escambia County Property Appraiser's Office for the next twelve months. I further recognize that any confirmed use of tobacco products while employed by the ECPA could result in termination of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date