

Have you ever been convicted of, pled guilty, no contest or *nolo contendere* to a crime? yes no

If yes, please give details including date, place, offenses(s), disposition, etc. _____

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program? yes no

If yes, please give details including date, place, offenses(s), disposition, etc. _____

PREVIOUS EMPLOYMENT: List below sequentially all of your employers in the last ten (10) years, beginning with your current or most recent employer. Use additional pages or the reverse side of this page, if necessary.

Date, Month and Year	Name, Address and Telephone number of Employer	Position and Job Duties	Salary	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Did you work for any of these employers under a different name? yes no If yes, which employers and under which names? _____

Please explain any gaps in your employment history: _____

Have you received any written reprimands or disciplinary suspension during any previous employment? yes no
 If yes, please explain: _____

Have you ever been discharged or asked to resign? yes no If yes, please explain, including by whom, when and for what: _____

DRIVING RECORD

Do you have a valid driver's license? yes no In which state? _____

Please list your driver's license number: _____

Have you ever had your driving privileges revoked, suspended, or placed on probation? yes no

If yes, please explain, including 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 other than 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	Result

REFERENCES List below, the names of four persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Known

MILITARY RECORD

Were you in the U.S. Armed Forces? yes no If yes, what Branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the functions of this Office? yes no

If yes, please describe the training, including dates. _____

Employment in this Office will require a copy of your DD-214.

VETERANS' PREFERENCE

Do you claim veterans' preference? yes no

(Chapter 295, Florida Statutes, excludes non-disabled, retired military persons from veteran's preference points).

- | | | |
|---------|---|----------------|
| | | Yes |
| If Yes: | A) Based on Active duty during wartime or Vietnam era? | _____
() |
| | B) As a veteran with a compensable service connected disability? | _____
() |
| ** | C) As the unremarried spouse of a veteran who was killed in action or who died of a serviced connected disability? | _____
() |
| ** | D) As the spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a person missing in action, captured, or forcibly detained by a foreign power? | _____
() |
| | E) Have you used a veteran's preference at any time? | _____
() |

** You must submit current documentation of your veterans' preference status. Please attach a copy of this verification to this application.

Branch

Date of Entry

Date of Honorable Discharge

APPOINTMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this appointment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejecting of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Property Appraiser to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Property Appraiser all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Property Appraiser, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered appointment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Property Appraiser medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day training period. I further understand that my appointment and compensation can be terminated with or without cause or notice, at any time regardless of the successful completion of my training period, at the option of either the Property Appraiser or myself. I understand that no supervisor or other representative of the property Appraiser has any authority to enter into any agreement for appointment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as condition of appointment or my continued appointment, that I may be requested by the Property Appraiser to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for appointment or may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Date

Signature of Applicant