

APPLICATION FOR APPOINTMENT
 Escambia County Florida
OFFICE OF THE TAX COLLECTOR

We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race color, age, religion, sex, national origin, disability, or marital status.

Date: _____ Social Security No.: _____

Name: _____ Are you 18 years or older? Yes No
Last First Middle

Present address: _____
Street City State Zip

Mailing address: _____
Street City State Zip

Phone No.: () _____ Referred by: _____

If related to anyone who works for the Tax Collector, state name, department and location: _____

In case of emergency, please notify: _____
Name Address Telephone Number

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

I am interested in: Full-time _____ Part-time _____ Seasonal _____ employment.

Are you employed now? Yes No May we inquire of your present employer? Yes No

Ever applied to this Tax Collector? Yes No Where? _____ When? _____

Are there any days, shifts or hours you will not work? _____

If yes, please explain: _____

Do you use tobacco products? _____ Have you in the last six months? Yes No

EDUCATION

	Name and Location of School	Degree/Certificate	Area of Study	Average Grade
High School				
College				
Trade, Business or Correspondence				
Other (including graduate school)				

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

If yes, give details (date, place, offense(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, give details (date, place, offense(s), disposition, etc.): _____

PREVIOUS 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. Include 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: _____ Salary: _____

Address: _____ Phone Number: (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ TO: _____ Hours Per Week: _____ (_____)
MM/DD/YY MM/DD/YY YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

Name of Present or Last Employer: _____ Salary: _____

Address: _____ Phone Number: (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ TO: _____ Hours Per Week: _____ (_____)
MM/DD/YY MM/DD/YY YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

Name of Present or Last Employer: _____ Salary: _____

Address: _____ Phone Number: (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ TO: _____ Hours Per Week: _____ (_____)
MM/DD/YY MM/DD/YY YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

Name of Present or Last Employer: _____ Salary: _____

Address: _____ Phone Number: (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ TO: _____ Hours Per Week: _____ (_____)
MM/DD/YY MM/DD/YY YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

Name of Present or Last Employer: _____ Salary: _____

Address: _____ Phone Number: (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: _____ TO: _____ Hours Per Week: _____ (_____)
MM/DD/YY MM/DD/YY YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

VETERAN'S PREFERENCE

Have you served in the United States Military? Yes No

Do you claim veteran's preference? Yes No If yes, please select which veteran's preference category you are claiming below.

As a veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension.

As a spouse of a veteran who cannot qualify for employment because of a total disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.

As a veteran of any war who has served on active duty during a wartime era.

As the unremarried widow or widower of a veteran who died of a service connected disability.

YOU MUST SUBMIT A COPY OF YOUR DD-214

Have you ever received any written reprimands or disciplinary suspensions 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 (include by whom, when and for what): _____

DRIVING RECORD:

Do you have a valid driver license? Yes No What class of license do you possess? _____

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	Result

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Phone	Address	Business	Years Acquainted

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 rejection 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 Tax Collector and/or Landrum Staffing Services, Inc. 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 Tax Collector and/or Landrum Staffing Services, Inc. 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 Tax Collector and/or Landrum Staffing Services, Inc., including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered appointment, I understand that such an offer may be conditioned upon satisfactory results of a background investigation and/or Tax Collector medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six (6) month probationary period. I further understand that my appointment and compensation can be terminated, with or without cause or notice, at any time during my probationary period, at the option of either the Tax Collector or myself. I understand that no supervisor or other representative of the Tax Collector other than the Tax Collector has any agreement contrary to the foregoing. I further understand and voluntarily agree as a condition of appointment of my continued appointment, that I may be requested by the Tax Collector 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 if I am then appointed, may result in my immediate dismissal.

I understand that I may be asked to work overtime, and agree to do so if requested. If I do work overtime, I agree to accept compensatory time off in lieu of overtime pay, at the discretion of the Tax Collector.

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

Note: Additional Signature Required on Last Page

Signature of Applicant

Date

NOTICE AND DISCLOSURE TO APPLICANTS AND CONDITIONALLY HIRED APPLICANTS

The Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, requires The Escambia County Tax Collector's office to advise applicants and conditionally hired applicants that a consumer report and/or an investigative consumer report may be obtained from a consumer reporting agency and used for employment purposes. (Your driver license number and Social Security number are being collected for this purpose.)

A "consumer report" is a written, oral, or other communication of any information by a Consumer Reporting Agency (CRA) which bears on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes or any other purpose authorized under the Fair Credit Reporting Act.

An "investigative consumer report" is a consumer report or part thereof in which information on your character, general reputation, personal characteristics, or mode of living may be obtained through personal interviews with neighbors, friends, or associates with whom you are acquainted or who may have knowledge concerning any such items of information.

Prior to implementation of any adverse employment action, you will be provided with a copy of the report. Furthermore, your rights under the Fair Credit Reporting Act, Section 609, are summarized on the following page.

In addition, The Escambia County Tax Collector's office may request and receive from AmStaff Human Resources, state agencies, or other investigative agencies reports containing public record information such as criminal records, driving records, education records, workers compensation claims and other information. I understand that I have the right to request from AmStaff a copy of any such public record information received about me.

I have received and read my rights under the Fair Credit Reporting Act, as amended, and hereby authorize AmStaff and The Escambia County Tax Collector's office to obtain from a consumer reporting agency, or other investigative sources, for continuing employment purposes and any other purpose allowed by law, consumer reports, investigative consumer reports and any public record reports pertaining to me, now or at any time during my employment. I release The Escambia County Tax Collector's office, Escambia County, AmStaff, and all persons and organizations contacted from all claims and liabilities of any nature arising from such investigation or information given. The information provided by me on this form is true and correct.

ATTACHMENT: Summary of Rights Under Fair Credit Reporting Act

Applicant Signature				Date		
Print Name (First)	(Middle)	(Last)	(Jr/Sr)	Date of Birth	Sex	Race
(Maiden Name)		Social Security Number		Driver License Number/ State		
CURRENT ADDRESS:		(P.O. Box, Street #, or Rural Route#)				
		(City, State, and Zip Code)				
List all Out of State Addresses of the Last Five Years and dates of residence:						

FOR TAX COLLECTOR'S OFFICE USE ONLY- INDICATE REQUESTED SERVICE BELOW:

- | | |
|--|--|
| <input checked="" type="checkbox"/> State Criminal Check | <input type="checkbox"/> Pkg. of State Criminal (1), MVR (1), Credit (1) |
| <input checked="" type="checkbox"/> Driving Record | <input type="checkbox"/> Pkg. of State Criminal (1), MVR, (1) |
| <input checked="" type="checkbox"/> Credit Check | |
| <input type="checkbox"/> Additional State Check | Other _____ |

A Summary of Your Rights Under the Fair Credit Reporting Act, as Amended

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer-reporting agency (CRA). You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below.

1. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
2. You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
3. You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
4. Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
5. You can dispute inaccurate items with the source of the information. If you tell anyone--such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
6. Outdated Information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
7. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.
8. Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out medical information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
10. You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA. For questions or concerns regarding CRAs, creditors and others not listed, please contact the Federal Trade Commission, Bureau of Consumer Protection-FCRA, Washington, DC 20580 Tel.# (202)-326-3761.

AND-10 (REV 09/01)