



37248

APPLICATION FOR EMPLOYMENT



**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
HUMAN RESOURCES**

www.pbcgov.jobs
100 Australian Avenue Suite 300
West Palm Beach, Florida 33406
JOB HOTLINE 561-616-6900 FAX 561-616-6893

In accordance with the provisions of ADA, this document may be requested in an alternative format.

1. Job ID # (Print number starting with first box on left.)

2. Position Title

3. Location

4. SSN (Last 4 digits)

5. Month of Birth (MM)

(01-12)

Day of Birth (DD)

(01-31)

6. First Name

MI

Last Name

7. Street Address 1

Street Address 2

City

State

Zip

Country

8. Home Phone

Other Phone

9. Education:

Circle LAST YEAR COMPLETED:

Check if GED Completed

Grade/High School: 1 2 3 4 5 6 7 8 9 10 11 12

College/Graduate: 1 2 3 4 5 6 7 8



37248

10. OPTIONAL INFORMATION

Applicant Data Record

Each applicant for employment with the Palm Beach County Board of County Commissioners will be considered without regard to the race, color, religion, gender, sexual orientation, national origin, age, disability or marital status of the applicant. However, the Federal Government requires that the County keep statistics on the number of women, minorities, veterans and persons with disabilities who apply for jobs. The information provided below will be used for statistical purposes only and will be maintained separately from the Application for Employment during the entire hiring process.

Check One:

- Male Female

Date of Birth (mm/dd/yyyy)

		/			/				
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Race/Ethnic Group:

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

Check Any That Apply to You:

- Wartime Period Veteran
 Disabled Veteran
 Disabled Person Not Entitled to Veterans' Preference*

*** In accordance with Affirmative Action requirements of Sec. 503 of the Rehabilitation Act of 1973, as amended, and provisions of the Americans with Disabilities Act of 1990, the County provides reasonable accommodation. If you need a reasonable accommodation for interviewing or initial employment, please notify the Palm Beach County BCC Human Resources Department.**

Position For Which You Are Applying _____

Application Date _____

Type or Print Clearly In Ink

11. Will accept position as follows: Full-time Part-time Temporary On-Call

12. Minimum Salary Requirement

13. Present or previous Palm Beach County Board of County Commissioners' employee? Yes No **IF YES**, give dates: From: _____ To: _____

14. Related to current Palm Beach County employee? Yes No

IF YES, give name, relationship & Dept./Div. employed: _____

15. Complete if position requires driving:

Do you have a valid Florida Driver's license? Yes No

Has your license ever been suspended or revoked? Yes No

If Yes, please provide dates and explain: _____

Commercial

A

B

C

Endorsements: _____

Non-Commercial

E-Operator

16. Have you ever been convicted of a felony? Yes No If Yes, state the court, nature of offense, disposition of case and date: _____

NOTE: The type of offense and the nature of the position applied for are the only factors considered. Crime conviction check will be conducted.

17. Military Service

Do you claim Veterans' Preference (in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295, Florida Statutes)? *

Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state.

Persons who were previously ineligible for preference because they held or are currently holding a job with a public employer are now eligible to use their Veterans' Preference again with all employers covered by law. Persons who were previously ineligible for preference because they did not serve during an eligible wartime period may now be eligible for Veterans' Preference if they served during Operation Enduring Freedom (beginning October 7, 2001 – present) or Operation Iraqi Freedom (beginning March 19, 2003 – present).

1. Based on active duty during a wartime period? Yes

2. As a Veteran with a compensable service-connected disability? Yes

(Documentation of disability must be dated within past 12 months.)

3. As the unmarried spouse of a Veteran who was killed in action or who died of a service-connected disability? Yes

4. As the spouse of a Veteran who cannot qualify for employment because of a total and permanent service-connected disability or as the spouse of a person missing in action, captured or forcibly detained by a foreign power? Yes

5. Based on any Veteran who has served in a qualifying campaign or expedition for which a campaign badge has been authorized, or, any Armed Forces Expeditionary Medal is qualifying for Veterans' Preference? The Global War on Terrorism Expeditionary Medal qualifies for Veterans' Preference consideration. Active duty for training is not covered for Veterans' Preference purposes. Yes

Note: There have been recent additions to eligible wartime periods.

*** It is the applicant's responsibility to submit current and complete documentation with this application.**

Documentation includes: Department of Defense document, commonly known as Form DD-214 or military discharge paper, or equivalent certification from Veterans' Affairs, listing military status, dates of service and discharge type (**DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE**). All documents must clearly indicate that they are copies of originals. A Veterans' Preference statement of documentation/eligibility is posted in the Human Resources Office; a copy is available upon request. If applicants claiming Veterans' Preference for vacant position(s) are not selected for the position(s), they may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, P.O. Box 31003, St. Petersburg, FL 33731, within 21 days after receiving notice of hiring decision. When the applicant has not received notice of hiring decision within two calendar months of the receipt of application by the employer, the applicant shall contact the employer to determine if the position has been filled by a non-preferred applicant. After having determined that the position has been filled, the preferred applicant may file a complaint within three calendar months of the date the application was received by the employer.

18. Educational Details

School	Name & Address	DID YOU GRADUATE?	SEM HOURS	QTR HOURS	MAJOR/ MINOR	DEGREE(S) AWARDED
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Junior College		Yes <input type="checkbox"/> No <input type="checkbox"/>				
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Graduate School		Yes <input type="checkbox"/> No <input type="checkbox"/>				
			CLASSROOM HRS		COURSE(S)	
Vocational/Technical School		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other Training		Yes <input type="checkbox"/> No <input type="checkbox"/>				

19. A. List any special skills, knowledge or abilities that you possess that relate to this job opportunity. For example, list courses, training, bilingual ability, computer hardware/software skills, typing or shorthand.

B. List any CURRENT, VALID professional or occupational licensures, registrations, certifications, or memberships relevant to the position, e.g., Florida certificate in Water/Wastewater Treatment, Florida Professional Engineering registration, Registered Nurse license or Lifeguard certifications. **Failure to specify required licensures, registrations and certifications may disqualify applicants for consideration. APPLICANTS ARE REQUESTED TO SUBMIT A COPY OF DOCUMENTATION WITH APPLICATION.**

20. Employment Record

Begin with your **PRESENT** or most recent position and describe specific duties and responsibilities. **Indicate various levels**, dates of employment and duties of position held under each employer. List all periods of employment, including self-employment, internships, or volunteer hours. **RÉSUMÉS MAY NOT SUBSTITUTE FOR THE COMPLETED APPLICATION. IT IS THE RESPONSIBILITY OF THE APPLICANT TO THOROUGHLY COMPLETE THE APPLICATION.**

From: Mo. ___ Yr. ___ Employer: _____ Supervisor: _____ Phone: _____

To: Mo. ___ Yr. ___ Address: _____ City: _____ State: _____ Zip: _____

HOURS/WEEK: _____ Type of Business: _____ Phone: _____

Salary: \$ _____ Job Title: _____

Number and type of employees supervised: _____

Duties Performed (In Detail): _____

Computer Software, Equipment, Machines Operated: _____

If no longer employed, reason for leaving: _____ Voluntary Yes No

May we contact your present employer? Yes No

From: Mo. ___ Yr. ___ Employer: _____ Supervisor: _____ Phone: _____

To: Mo. ___ Yr. ___ Address: _____ City: _____ State: _____ Zip: _____

HOURS/WEEK: _____ Type of Business: _____ Phone: _____

Salary: \$ _____ Job Title: _____

Number and type of employees supervised: _____

Duties Performed (In Detail): _____

Computer Software, Equipment, Machines Operated: _____

If no longer employed, reason for leaving: _____ Voluntary Yes No

From: Mo. ___ Yr. ___ Employer: _____ Supervisor: _____ Phone: _____
To: Mo. ___ Yr. ___ Address: _____ City: _____ State: _____ Zip: _____
HOURS/WEEK: _____ Type of Business: _____ Phone: _____
Salary: \$ _____ Job Title: _____

Number and type of employees supervised: _____

Duties Performed (In Detail): _____

Computer Software, Equipment, Machines Operated: _____

If no longer employed, reason for leaving: _____ Voluntary Yes No

From: Mo. ___ Yr. ___ Employer: _____ Supervisor: _____ Phone: _____
To: Mo. ___ Yr. ___ Address: _____ City: _____ State: _____ Zip: _____
HOURS/WEEK: _____ Type of Business: _____ Phone: _____
Salary: \$ _____ Job Title: _____

Number and type of employees supervised: _____

Duties Performed (In Detail): _____

Computer Software, Equipment, Machines Operated: _____

If no longer employed, reason for leaving: _____ Voluntary Yes No

21. **Please use additional sheets to explain other previous employment, if necessary.**

To the best of my knowledge, all statements and information I have given in this application are true. I hereby authorize the Human Resources Department to verify this information to determine my capabilities for employment. **I UNDERSTAND THAT ANY STATEMENTS FOUND NOT TO BE MATERIALLY ACCURATE MAY CONSTITUTE GROUNDS FOR MY DISMISSAL OR MAY DISQUALIFY ME FROM CONSIDERATION FOR ANY POSITIONS. THE OMISSION OF REQUIRED OR MATERIAL INFORMATION (SUCH AS PRIOR JOBS) MAY BE CONSIDERED AS GROUNDS FOR DISMISSAL OR DISQUALIFICATION. I AUTHORIZE RELEASE OF INFORMATION FOR REFERENCE CHECKS.** In accordance with Public Records Law, Chapter 119, F.S., information provided on this application may be "inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or his designee."

Applications not received by 5:00 P.M. on closing date will not be considered.

Signature: _____ Date: _____



12221

ADDITIONAL DOCUMENTS COVER SHEET



PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
HUMAN RESOURCES
www.pbcgov.jobs
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West Palm Beach, Florida 33406
JOB HOTLINE 561-616-6900 FAX 561-616-6893

If you have previously submitted an APPLICATION FOR EMPLOYMENT for this position and wish to submit additional documents, you must use this cover sheet. Please complete the items below and submit with your documents. Additional documents must be received by 5:00 PM on the advertised closing date.

Job ID # (Print number starting with first box on left.)

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Position Title

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Name: (Last, First, MI)

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Month of Birth (MM)

Day of Birth (DD)

--	--

 (01-12)

--	--

 (01-31)

SSN (Last 4 digits)

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**INSTRUCTIONS FOR COMPLETING
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
SCANNABLE EMPLOYMENT APPLICATIONS**

Applications are accepted for currently advertised positions only. Before completing the application, you should review the job advertisement. If you have performed any of the qualifications and preferences listed in the ad, describe them in detail on the documents submitted and emphasize areas related to the position. Print legibly in ink or type your application.

- 1 Resumes are accepted as part of an application - not in place of one. Have pertinent information concerning your employment history and professional/occupational skills, certifications and licensures available so that you can easily transfer this information onto the application.
- 2 Indicate the Job ID Number, Title of the position, and Location for which you are applying (Nos. 1-3).
- 3 Complete the boxes with the last 4 digits of your Social Security Number, and your Month and Day of Birth (Nos. 4-5).
- 4 Fill in the boxes with your Name, current and complete Mailing Address, Home and "Other" Telephone Numbers (Nos. 6-8).
- 5 Circle the number of the highest grade you completed for Grade/High school, and College/Graduate (No. 9). Check the GED box if you received one (No. 9).
- 6 Note the confidential Applicant Data Record information on Page 2 of the Application. The data will assist us in filing official employment/recruitment reports with the U.S. Government. Should you choose to provide this voluntary information, please complete all items as shown (No. 10).
- 7 Indicate type of Employment desired (Full/Part-Time, etc.), Minimum Salary Requirement, Present or Previous Palm Beach County (PBC) Board of County Commissioners' employee, and whether you are related to a PBC Employee (Nos. 11-14).
- 8 Complete Florida Driver's License information if the position requires driving. Check the type of license ("Commercial" A/B/C, "Non-Commercial" E); include, if applicable, dates of suspension or revocation, and list any special endorsements (No. 15).
- 9 List any Felony Convictions and courts. State the nature of offense, disposition of case and date (No. 16).

- 10 If claiming Veterans' Preference, check the appropriate box and attach/submit the required documentation (No. 17).
- 11 List the Name and City/State/Country of High School, College, Graduate School, Vocational/Technical School and Other Training (if applicable). Indicate whether you graduated. Include the credits: SEMESTER or QUARTER/CLASSROOM HOURS completed, MAJOR/MINOR and DEGREE(S) AWARDED (No. 18).
- 12 List any special skills, knowledge or abilities related to the position, e.g., courses, training, typing, shorthand, computer hardware/software, bilingual. Indicate any current, VALID professional or occupational licenses, registration or certification, or memberships relevant to the position. Include documentation with application (Nos. 19A & 19B).
- 13 Begin with your present or most recent job in completing your Employment Record. Again - this information must be provided - a resume will not substitute (No. 20).
 - a. You must list employer, complete address, month and year of beginning and ending of employment, hours worked per week, telephone number, and salary.
 - b. You must describe in detail specific duties you performed for each position. Indicate whether you recommended new hires/promotions/terminations and conducted performance evaluations in a supervisory capacity. If so, include the number and type of employees you supervised.
 - c. Fill in all computer software, equipment (operated on the job), machines operated (office/construction). Please be specific.
 - d. Note "Reason for Leaving" previous positions and indicate if your separation was voluntary.
- 14 SIGN AND DATE THE APPLICATION. You may include additional sheets or a resume to explain previous employment if necessary (No. 21).

By following the above instructions, you can help to ensure we have the information we need to objectively review your applications and better serve you.

HUMAN RESOURCES
100 Australian Avenue, Suite 300, West Palm Beach, Florida 33406
(561) 616-6888
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