



GARY R. NIKOLITS, CFA
PALM BEACH COUNTY PROPERTY APPRAISER
 301 North Olive Avenue, 5th Floor
 West Palm Beach, FL 33401
 (561) 355-3230
www.pbcgov.com/papa

Application Review History			
Date	Dept.	Position	Reviewed By

EMPLOYMENT APPLICATION

An Equal Opportunity/Veterans Preference Employer
 Supporting a Drug Free Workplace

Instructions: You must fully and accurately complete the Employment Application. Applications that are unsigned or incomplete will not be considered. Resumes will not be accepted in lieu of applications, but are considered to be supplemental information. Your application will remain active for six (6) months. If you wish to be considered after that time, you must complete a new Employment Application. **Print clearly and complete all sections.**

Name: _____ SSN (last 4 digits only) _____
 (Last) (First) (Middle Initial)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Other Phone: _____

POSITION INFORMATION

Employment Desired: Full time Part-Time Temporary/Summer

Position Applied for _____ Minimum Salary Requirement: _____

Are you legally authorized to work in the U.S.? Yes No

Note: Proof of citizenship or immigration status will be required at time of employment.

Will you work overtime if required? Yes No

Complete if position requires driving:

Do you have a valid Florida Driver's License? Yes No Driver's License Number: _____

Has your license ever been suspended or revoked? Yes No

If yes, please explain: _____

GENERAL

Have you ever been employed with the PBC Property Appraiser or any other county agency or department? Yes No

If yes, give dates From: _____ To: _____

Are you related to anyone who works for the Property Appraiser's office? Yes No

If yes, give name & relationship: _____

Are you at least 18 years of age? Yes No Note: If no, you may be required to provide authorization to work.

Have you ever been convicted of a felony? Yes No

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

If Yes, state the court, nature of offense, disposition of case and date: _____

EDUCATION AND TRAINING

Do you have a High School Diploma? Yes No GED? Yes No

Name and location of last High School attended: _____
Name *City* *State*

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Earned	Did you graduate?	Major/Minor Degree Field/Program of Study	Type of Degree Received
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

List Vocational/Technical/Other Schools Below:

Name and Location	Total Hours Completed	Did you graduate?	Course/Subject	Certificate Received
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

PROFESSIONAL LICENSES, CERTIFICATIONS OR MEMBERSHIPS

List any professional or occupational licenses, certifications, or memberships that you currently hold which relates to the position for which you are applying:

SPECIAL SKILLS AND OTHER QUALIFICATIONS

List any other relevant special skills, knowledge or abilities including special courses, knowledge of computer hardware/software, or office equipment:

EMPLOYMENT HISTORY

Begin with your present or most recent job and describe the specific duties and responsibilities. List all periods of employment, including unemployment, self-employment, military service, internships, and summer work. Missing or incomplete information may result in the disqualification of your application.

Dates Employed (Month and Year) From To		Employer: _____ Address: _____ Telephone Number(s): _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____ Voluntary: Yes <input type="checkbox"/> No <input type="checkbox"/> May we contact your current employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		
Specific Duties: _____ _____ _____		
Dates Employed (Month and Year) From To		Employer: _____ Address: _____ Telephone Number(s): _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____ Voluntary: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		
Specific Duties: _____ _____ _____		
Dates Employed (Month and Year) From To		Employer: _____ Address: _____ Telephone Number(s): _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____ Voluntary: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		
Specific Duties: _____ _____ _____		
Dates Employed (Month and Year) From To		Employer: _____ Address: _____ Telephone Number(s): _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____ Voluntary: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		
Specific Duties: _____ _____ _____		

VETERAN'S PREFERENCE FORM

If you wish to claim Veteran's Preference in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295, Florida Statutes, please complete the Veteran's Preference section below. Completion of this form is voluntary and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the five Veteran's Preference categories. Active duty for training is not covered for Veterans' Preference purposes. Veteran's Preference is only available to Florida Residents.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement benefits, 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 service-connected disability, or a 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 wartime period, excluding active duty for training, and who was discharged under honorable conditions from the armed forces of the United States of America. A veteran who has served honorably but who has not met the criteria for the award of a campaign or expeditionary medal for service in Operations Enduring Freedom or Operation Iraqi Freedom, qualifies for the preference in appointment, effective July 1, 2007. The service dates are defined as Operation Enduring Freedom – Oct. 7, 2001 to (date to be determined) and Operation Iraqi Freedom – March 19, 2003 to (date to be determined). **or**
4. The unremarried widow or widower of a veteran who died of a service-connected disability. **or**
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge has been authorized, Armed Forces Expeditionary Medal, or the Global War on Terrorism Expeditionary Medal.

VETERAN'S PREFERENCE CLAIM

Instructions: Complete only if you are claiming Veterans' Preference. All applicants claiming Veteran's Preference must complete this form and **include all supporting documentation with this application**. Documentation includes a document from the Department of Defense commonly known as Form DD-214 or military discharge paper, or equivalent certification from Veteran's Affairs, listing military status, dates of service and discharge type.

If eligible, which Veterans' Preference category are you claiming? 1 2 3 4 5

Note: Please see the above categories in the Veteran's Preference section

Are you a resident of the State of Florida? Yes No

Branch of Service

Date of Entry

Date of Discharge

If an applicant claiming Veteran's Preference for a vacant position is not selected, they may file a complaint with the Florida Department of Veteran's Affairs, 11351 Ulmerton Rd., Suite 311-K, Largo, FL 33778, within 21 days after receiving notice of the hiring decision or within three months of the date the application is filed with the employer if no notice is given.

APPLICANT'S CERTIFICATON

Please read this statement carefully before signing below:

I hereby certify that the information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentations or omissions of any fact in my application, resume, or any other materials, or during my interviews, is sufficient cause to reject this application, or if employed may result in my termination.

I hereby authorize the Property Appraiser's Office to investigate all statements contained in this application, to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give the Property Appraiser's Office all facts, opinions and evaluations concerning my previous employment and any other information they have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Property Appraiser's Office including, but not limited to, any liability or defamation or invasion of privacy.*

If I am offered employment, I understand that such an offer will be contingent upon satisfactory results of a background investigation and/or a medical examination or inquiry, including a drug screening test. I further understand and voluntarily agree as a condition of employment or further employment that I may be requested by the Property Appraiser's Office to submit to an alcohol/drug screening test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration of employment, or if I am then employed, may result in my immediate termination.

If employed I understand I will be required to serve a six (6) month Introductory Employment Period. I further understand my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Property Appraiser or myself. I understand that no manager, supervisor, or other representative of the Property Appraiser's Office has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the forgoing.

If employed, I agree to abide by all policies and procedures issued by the Palm Beach County Property Appraiser.

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

Signature of Applicant

Date

* In accordance with the 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.

In accordance with the provisions of the Americans with Disabilities Act of 1990, the Property Appraiser's Office invites disabled applicants to inform our office if they require accommodation within the application or interview process. Requests should be made in advance by contacting Employee Development at (561) 355-2850.