

Office of the Tax Collector, Palm Beach County
Anne M. Gannon, Tax Collector
P.O. Box 3715
West Palm Beach, FL 33402-3715



Application for Employment

The Office of the Tax Collector, Palm Beach County, is an equal opportunity/veterans' preference employer.
Upon request, this form can be made available in an alternative format.

PLEASE TYPE OR PRINT CLEARLY

PERSONAL HISTORY:

Name _____ Social Security Number # _____

Present Street Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____ Other Telephone Number _____

Position Applied for _____ Salary Required _____

Complete only if position requires driving:

Do you have a valid Florida license? Yes No

Has your license ever been suspended or revoked? Yes No

Location Preferred: Belle Glade Delray Beach Lake Worth
 Palm Beach Gardens Royal Palm Beach West Palm Beach

Palm Beach County resident? Yes No

Residents of Palm Beach County are given preference in filling vacancies, other considerations being equal.

Are you related to anyone working in the Office of the Tax Collector? Yes No

If yes, give name and relationship: _____

Are you at least 18 years of age? Yes No

How did you learn of this employment opportunity? _____

Do you have the legal right to work in this country? Yes No

Have you ever been convicted of a crime, had adjudication of a crime withheld or pled nolo contendere to a crime? Yes No

If yes, please explain: _____

Note: A conviction will not necessarily be a bar to employment. Each situation and explanation will be considered in relation to the position for which you are applying.

Are you available to work Monday through Friday, 8:00 a.m. - 5:00 p.m.? Yes No

Are you able to work overtime, if required? Yes No

Have you ever claimed and been employed through Veterans' Preference? Yes No

If yes, give the name and address of employer: _____

If not, are you claiming Veterans' Preference? Yes No

You must submit current documentation of your Veterans' Preference status with this application.

EDUCATION HISTORY:

<u>School</u>	<u>Location</u>	<u>Did You Graduate?</u>	<u>Degree</u>	<u>Major</u>	<u>GPA</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List any special skills, knowledge or ability you possess which may be relevant to the position applied for (i.e. knowledge of computer hardware/software): _____

Typing Speed: _____

List any professional or occupational licenses, certifications, memberships you currently hold that may be relevant to the position applied for: _____

EMPLOYMENT HISTORY:

List all employment beginning with your most recent position.

May we contact your present employer? Yes No

Company _____ Type of Business _____

Address _____ Telephone _____

Supervisor _____ Salary _____

Hours Per Week _____ From _____ To _____

Job Title/Responsibilities _____

Reason for Leaving _____

Company _____ Type of Business _____

Address _____ Telephone _____

Supervisor _____ Salary _____

Hours Per Week _____ From _____ To _____

Job Title/Responsibilities _____

Reason for Leaving _____

Company _____ Type of Business _____

Address _____ Telephone _____

Supervisor _____ Salary _____

Hours Per Week _____ From _____ To _____

Job Title/Responsibilities _____

Reason for Leaving _____

Company _____ Type of Business _____

Address _____ Telephone _____

Supervisor _____ Salary _____

Hours Per Week _____ From _____ To _____

Job Title/Responsibilities _____

Reason for Leaving _____

APPLICATION MUST BE SIGNED ON THE REVERSE

AUTHORIZATION/AGREEMENT

I hereby authorize the Office of the Tax Collector, Palm Beach County (hereinafter referred to as Tax Collector), and/or someone on its behalf to investigate my personal, employment, educational, criminal, driving or other background as may be necessary to arrive at an employment decision. I hereby release employers, schools and individuals from all liability in responding to inquiries in connection with my application and request that all those contacted provide to the Tax Collector full and candid information.

I understand that, 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 public record or ... designee.”

Should I be selected for employment, I understand that:

- 1) Any employment will be on a training basis for a period of 90 calendar days from the date of hire. Completion of the training period will not result in an employment contract or employment for any specific term.
- 2) Any employment with the Tax Collector is contingent upon proof of legal authorization to work in the United States. If hired, I must provide the necessary authorization documents within three (3) business days of hire.
- 3) Employment with the Tax Collector shall be solely on an at-will basis.

I hereby affirm that the information provided on this application or during interview(s) to be true and complete and acknowledge that false information or omissions may disqualify me from further consideration and may result in termination of employment if discovered at a later date. I also understand that should I become employed by the Tax Collector that I am required to abide by all rules and regulations of the Office of the Tax Collector.

Signature _____ **Date** _____

Mail Completed Application To:
Office of the Tax Collector, Palm Beach County
P.O. Box 3715
West Palm Beach, FL 33402-3715
ATTN: Human Resources



ANNE M. GANNON
TAX COLLECTOR, PALM BEACH COUNTY

The Palm Beach County Tax Collector's Office does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

AFFIDAVIT

I _____, do hereby affirm that I have not been a user of tobacco or tobacco products for at least one (1) year immediately preceding my application for employment. For purposes of this affidavit, tobacco products are defined as cigarettes, cigars, chewing tobacco, pipes and snuff in accordance with Human Resources Policy # ADM-2.09.

Under the penalties of perjury, I declare that I have read this affidavit and that my representations contained herein are true and correct.

DATED and SIGNED this ____ day of _____,
20__.

SWORN TO AND SUBSCRIBED before me on this ____ day of _____,
20__, by _____, who is personally known to me OR who produced _____, as identification and who did take an oath.

Applicant Signature

Print Notary Name

Notary Signature

NOTARY PUBLIC
State of _____ at large

My Commission Expires:
