

NOTE: This application will be active for six (6) months. If you wish to be considered for employment after six months contact the Orange County Tax Collector.

APPLICATION FOR EMPLOYMENT

Orange County Tax Collector
Post Office Box 2551
Orlando, Florida 32802
200 South Orange Avenue
SunTrust Center Tower 16th Floor
Phone: 407-836-2705

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

PLEASE PRINT OR TYPE

Date of Application _____ Applying For _____
Month Day Year

PERSONAL DATA

Name: Last First Middle Initial Nickname

Address Actual Place of Residence Number Street City State Zip Code

Mailing Address if Different from Actual Address

Telephone Number Home Work Alternate/Cell

List relatives employed by Orange County:

Name Relationship Department

Name Relationship Department

Have you ever filed an application with us before? _____ When? _____

Have you ever been employed by the Tax Collector's office before? _____ When? _____

Reason for leaving. _____

Worked under another name? _____

Are you currently employed? _____ If yes, may we contact your present employer? _____

Are you eligible for work in the United States? _____

Proof of citizenship or immigration status will be required upon employment. All applicants accepted for employment must be in possession of an official Social Security card and must demonstrate their eligibility to work according to Federal Law.

Have you ever been convicted of a crime? _____ If yes, give details (date, place, offense(s), disposition, etc.)

Have you ever pled guilty, nolo contendere, had adjudication withheld, or been placed in a pre-trial intervention program as a result of being charged with a crime? _____ If yes give details (date, place, offense(s), etc.) _____

A "Yes" answer to either of the above questions will not necessarily result in denial of employment.

EDUCATION AND TRAINING

Highest grade completed _____ High School Diploma _____
G.E.D. _____
College Degree _____

Colleges, Universities, Junior/Community Colleges attended or attending Name	City/State	Credit Hrs. Earned	Type of Degree
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Business, Technical or Vocational Schools attended or attending Name	City/State	Actual Duration Course Hrs./Days Mo/Years	Type of Degree
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If correspondence course please identify as such.

Other Certifications or Licenses held _____

Clerical Skill: Typing _____ WPM Tested _____ WPM Un-Tested _____

List all office equipment you are experienced in operating and software packages with which you are proficient:

List any additional skills or information you feel may apply: _____

Indicate any foreign language skills you have: _____

FLUENT GOOD FAIR

SPEAK
READ
WRITE

REFERENCES

Give the name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Date Available for Employment _____

RECORD OF EMPLOYMENT

Please complete in detail ALL employment and volunteer experience including temporary and part-time, beginning with present or most recent employer. Account for all periods, including unemployment and service in the Armed Services. If more than one position was held with the same employer, list information in the next block(s). If you were employed under a different name, please enter that name in the appropriate section. If additional space is required attach a second sheet. If you have a resume, you may attach it, however you are still required to complete all information requested herein.

Current or Last Employer: _____
(Company/Agency Name)
Employer Address: _____
 Number Street City State Zip
Supervisor's Name: _____ Phone: _____
Your Job Title: _____ Employed Name: _____
From: _____ To: _____
 Month Year Month Year
Reason for Leaving or Considering Leaving: _____

List in Detail Your Duties: _____

Past Employer: _____
(Company/Agency Name)
Employer Address: _____
 Number Street City State Zip
Supervisor's Name: _____ Phone: _____
Your Job Title: _____ Employed Name: _____
From: _____ To: _____
 Month Year Month Year
Reason for Leaving: _____

List in Detail Your Duties: _____

Past Employer: _____

(Company/Agency Name)

Employer Address: _____

Number Street City State Zip

Supervisor's Name: _____ Phone: _____

Your Job Title: _____ Employed Name: _____

From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

List in Detail Your Duties: _____

Past Employer: _____

(Company/Agency Name)

Employer Address: _____

Number Street City State Zip

Supervisor's Name: _____ Phone: _____

Your Job Title: _____ Employed Name: _____

From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

List in Detail Your Duties: _____

Past Employer: _____

(Company/Agency Name)

Employer Address: _____

Number Street City State Zip

Supervisor's Name: _____ Phone: _____

Your Job Title: _____ Employed Name: _____

From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

List in Detail Your Duties: _____

STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION

I authorize investigation of all statements contained in this application, including a check of my criminal, workers compensation and driving record. I authorize the giving and receiving of any information concerning my character, reputation, past employment and medical history requested by the Tax Collector and hereby relieve and release all former employers and their agents of any liability for any information they may give to the Tax Collector. I hereby authorize the Tax Collector or their agent to provide factual job-related information to potential employers on request.

I understand that misrepresentation or omission of facts called for in this application, in any attached supplement to the application or in my interview may disqualify me from employment and will be sufficient grounds for immediate dismissal at any time.

I understand that any offer of employment is contingent on my successfully passing a background check and a physical examination which includes drug and alcohol testing. I understand that the Tax Collector's policy prohibits alcohol and drug abuse and agree that I may be required to submit to drug and alcohol testing at other times. I understand and agree that my failure to meet any job related medical and/or health requirement for the position or refusal to submit to such testing when requested may prevent my appointment or result in discharge from employment.

I hereby acknowledge that the first ninety (90) days of employment with the Tax Collector constitutes a probationary period. I understand that no personnel recruiter or other representative of the Orange County Tax Collector has any authority to enter into any agreement for my services for any specified period of time. I understand that I serve at the discretion of the Tax Collector and that either the Tax Collector or I can terminate the relationship at any time.

I agree to abide by all rules and regulations issued by the Tax Collector if I am employed.

I understand that if I am offered employment, I will be required to take the following loyalty oath as a condition of my employment as required by Florida Statutes 876.05 (1).

I, _____, a citizen of the State of Florida and of the United States of America, and being employed by the Office of the Orange County Tax Collector, and a recipient of public funds as such employee, do hereby solemnly swear or affirm that I will support the Constitution of the United States of America and of the State of Florida.

I agree that if I am employed by the Tax Collector I will be responsible for any money entrusted to me. I agree that any shortages which occur in the money entrusted to me will be voluntarily repaid. I authorize the Tax Collector to deduct such amounts from my pay to the extent that such deductions do not reduce my pay below the current statutory minimum wage.

I understand that all information provided herein is public record and subject to review upon request (except for applicants Social Security number).

I certify that I have read the above. I understand and agree to the stipulations as specified.

Signature of Applicant: _____

Date: _____