

**GENERAL INSTRUCTIONS:**

- Print this application; submit by fax, email, or in person.
- Applications MUST be legible and signed.
- Only one application is required if applying for more than one position at a time.
- Answer all questions which apply to you.
- For questions that do not apply to you, insert "N/A".
- If you need additional space, put the information on a separate sheet and return it with the completed application. Be sure to reference the appropriate Item Number.
- A detailed resume and current picture may be submitted, but is not required.
- Address or telephone number changes should be reported promptly.
- Applications will remain current for six months from date of notification.

Seminole County Tax Collector  
 Attn: Cynthia Torres  
 1101 E First Street \* Sanford, FL 32771  
 (An EEO [M F V H] Employer)  
**APPLICATION FOR EMPLOYMENT**

Fax: 407-665-7654  
 Email: Cynthia.Torres@SeminoleCounty.tax  
 Mail: PO Box 630, Sanford, FL 32772-0630

*You may submit a photo if you choose*

**I. INDIVIDUAL DATA**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo) (day) (year)

1. Name \_\_\_\_\_  
 (Last) (First) (Middle or Nickname)

2. Address \_\_\_\_\_  
 Actual Place (Number) (Street)  
 of Residence  
 \_\_\_\_\_  
 (City) (State) (Zip Code)

3. Mailing Address \_\_\_\_\_  
 (If different (Number) (Street) (City) (State) (Zip Code)  
 from above)

4. Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
 (ext.)

5. Full Time: (40 hours) Part Time: (20 to 30 hours) Temporary:  
 Customer Service  Customer Service  Seasonal  
 Greeter  Greeter  
 Mail Courier  Driver License Examiner

6. If a job requirement, are you willing to work overtime?  Yes  No

**II. EDUCATION & TRAINING**

7. Are you a High School Graduate? \_\_\_ Yes \_\_\_ No Have you obtained a GED? \_\_\_ Yes \_\_\_ No

8. Have you ever been a member of the Armed Services? \_\_\_ Yes \_\_\_ No  
 If yes: Branch \_\_\_\_\_ Discharge Date \_\_\_\_\_

9. Comments/Remarks (if any): \_\_\_\_\_  
 Are you seeking Veterans Preference for your application? \_\_\_ Yes \_\_\_ No

Colleges, Universities, Junior/Community Colleges attended or attending:	12. Dates Attended (From/To)	13. Credit Hrs Earned (Qtr/Sem)	14. Type of Degree	15. Year Obtained	16. Major/Minor
10. Name _____ 11. City/State _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*\*To receive credit for college coursework it is necessary that you supply Quarter/Semester hours earned in addition to dates attended.*

Business, Technical, or Vocational Schools attended or attending (Correspondence Courses):	19. Dates Attended (From/To)	20. Actual Duration (Hrs/Days /Mos/Yrs)	21. Credits Earned	22. Type of Cert. or Diploma	23. Courses Taken/Complete
17. Name _____ 18. City/State _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*\*If Correspondence Course, please identify as such.*

24. Do you possess a valid\* driver license? \_\_\_ Yes \_\_\_ No  
 If yes, answer the following. If no, explain in item #42

State: \_\_\_\_\_

DL #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**\*Valid:** An issued license which has not expired nor has, within the past three years, been denied, restricted, revoked, or suspended.

25. Do you have a source of transportation to work? \_\_\_ Yes \_\_\_ No

**II. EDUCATION & TRAINING (CONT'D)**

27. Do you speak any foreign languages? Please list:

**PLEASE CHECK THE APPROPRIATE BOX INDICATING THE LEVEL OF COMPETENCY OR EXPERIENCE YOU HAVE IN EACH AREA.**

28. **TYPING/KEYBOARD SKILLS**      \_\_\_ Tested      wpm \_\_\_\_\_      Date Last Tested    \_\_/\_\_/\_\_  
 Typing/Keyboard skills are required.      It is acceptable to utilize any free typing test available on the Internet for current rating.

29. **SPECIAL AREAS:**

Customer Service Face-to-Face		No Experience		Less than 3 years		3 years or more
Customer Service by Phone		No Experience		Less than 3 years		3 years or more
Cash Handling		No Experience		Less than 3 years		3 years or more
Calculator Use		No Experience		Less than 3 years		3 years or more
Balancing Cash Drawer		No Experience		Less than 3 years		3 years or more

30. **COMPUTER SOFTWARE:**

Computer Imaging		None		Beginning		Advanced
Microsoft Word		None		Beginning		Advanced
Microsoft Excel		None		Beginning		Advanced
Other		None		Beginning		Advanced

31. List any other skills attained useful to the position for which you are applying

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32. List any Technical or Professional licenses or certificates held

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**III. MISCELLANEOUS**

Answer the following questions by placing an "X" under "YES" or "NO".

	YES	NO
33. Have you ever been ticketed for any moving traffic violations (including speeding tickets)?	*	
34. Have you ever been convicted of any criminal violation of law, or ever had adjudication in a felony case?*	*	
35. Have you ever been discharged for misconduct or unsatisfactory service from any job? If so, which company(s)?	*	
36. Have you had an on-the-job illness or injury in the past seven (7) years? If yes, indicate date(s), type(s) of injury, and if you received any worker's compensation for this injury?	*	
37. Do you have or have you had any physical or mental handicap, injury, illness, limitations, or other disability which would interfere with your work assignment? If yes, explain.	*	
38. Have you ever filed an application for employment with any Seminole County governmental office?	*	
39. Have you ever been employed by a Seminole County government office? If yes, indicate date(s) of employment, Department(s)/Division(s), position(s), and reason for leaving.	*	
40. Are any members of your family or relatives (by blood or marriage) employed by the Office of the Seminole County Tax Collector?	*	
41. DO YOU UNDERSTAND THAT BY MAKING APPLICATION FOR EMPLOYMENT THE APPLICATION BECOMES AVAILABLE FOR PUBLIC INSPECTION IF SUBSTANTIATED TO BE NECESSARY?		

\* If you responded with a "YES" answer, please explain in the space provided under item 42, of this application.

\*\* NOTE: A conviction does not automatically mean you cannot be appointed. Give all the facts so that a decision can be made.

42. Space for detailed answers, indicate item number to which answers apply.

ITEM NO.	

(If additional space is needed, attach additional sheets and reference item number.)

IV. WORK HISTORY

List your most recent employer first. We encourage you to be specific, include a resume or additional pages, if desired, which will help clarify your work experience. However, you MUST complete the employment history below. If resume is attached, be sure that month/day/year for each employment experience is reflected on the resume. Include voluntary unpaid work experience as well as military service, if any.

Note: If your name at your previous employer was different than your current name, please indicate in the appropriate section below.\*

43. Present employer: \_\_\_\_\_  
(Company/Agency Name)

Employer's Address: \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Employer's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Job Title: \_\_\_\_\_

May We Contact Employer?  Yes  No Supervisor's Name: \_\_\_\_\_ \*Employed Name: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: _____ (Month) (Day) (Year)
To: _____ (Month) (Day) (Year)
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of Hours per Week: _____
Starting Salary: \$ _____
Last Salary: \$ _____

44. Previous employer: \_\_\_\_\_  
(Company/Agency Name)

Employer's Address: \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Employer's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Job Title: \_\_\_\_\_

May We Contact Employer?  Yes  No Supervisor's Name: \_\_\_\_\_ \*Employed Name: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: _____ (Month) (Day) (Year)
To: _____ (Month) (Day) (Year)
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of Hours per Week: _____
Starting Salary: \$ _____
Last Salary: \$ _____

45. Previous employer: \_\_\_\_\_  
(Company/Agency Name)

Employer's Address: \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Employer's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Job Title: \_\_\_\_\_

May We Contact Employer?  Yes  No Supervisor's Name: \_\_\_\_\_ \*Employed Name: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: _____ (Month) (Day) (Year)
To: _____ (Month) (Day) (Year)
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of Hours per Week: _____
Starting Salary: \$ _____
Last Salary: \$ _____

46. An additional work history form is available.

Resume attached:  Yes  No

47. How did you learn about the vacancy for which you are applying? (Check appropriate space.)

- Walk-in / Counter Sign
- Registration Renewal Insert
- Employee \_\_\_\_\_
- Web Page (www.seminolecounty.tax)
- Web Page (other: \_\_\_\_\_)

### APPLICANT CERTIFICATION AND AGREEMENT

Please Read Carefully

I understand that any false answers or statements made by me on my employment application or any supplement thereto, or any false statements made to any representative of the Seminole County Tax Collector's Office during the interview process, will be sufficient grounds for immediate discharge, no matter when discovered.

I understand and agree that when hired by the Tax Collector, my appointment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice or cause. I understand that no supervisor or other representative of the Seminole County Tax Collector's Office, except the Tax Collector, has the authority to enter into any agreement for appointment for any specified period of time. If I enter into any such agreement with the Tax Collector, such agreement must be in writing.

I understand that the Seminole County Tax Collector may make a thorough investigation of my character, reputation, past employment, and medical history. I authorize the giving and receiving of any such information requested by the Tax Collector (including financial and credit records) 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 waive any rights or claims I may have, whether presently fully developed or not, against the Seminole County Tax Collector or his agents or deputies arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with my employment application with the Seminole County Tax Collector's Office.

I understand that once employed by the Seminole County Tax Collector's Office, some potential future employer may contact Tax Collector representatives concerning my work record and my work performance at the Tax Collector's Office. I hereby consent to and authorize persons employed by the Tax Collector's Office to divulge any and all information they consider relevant to any person representing themselves to be an employer or potential employee of mine with respect to my work record and/or performance of my job at the Tax Collector's Office. I understand that all information I provided is public record and is subject to review upon request.

I agree that as an employee of the Seminole County Tax Collector's Office, if in a non-exempt position, I will be eligible to receive compensatory time in lieu of the payment of overtime at the discretion of the Tax Collector.

I authorize a criminal background search, and I agree to a physical examination if requested, including urinalysis and/or blood test for use of illegal drugs or substances. I understand that failure to meet any job related medical and/or health requirement for the position could prevent my appointment or continued appointment by the Tax Collector.

I hereby acknowledge that the first ninety (90) days of appointment with the Tax Collector's Office constitutes an initial probationary period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_