

LEE COUNTY TAX COLLECTOR

P.O. Box 850, Ft. Myers, FL 33902 (239) 533-6124

GENERAL EMPLOYMENT APPLICATION

Equal Opportunity / Affirmative Action Employer

The Lee County Tax Collector's Office complies with local, state and federal equal employment opportunity guidelines which prohibit discrimination based on race, religion, sex, color, national origin, disability, age and marital status.

It is important that you answer all questions on this application fully and truthfully, as failure to do so may delay consideration for employment or result in loss of employment opportunities. If an item does not apply to you, write N/A (not applicable). PLEASE PRINT OR TYPE IN INK.

PERSONAL:			Home Phone:
Last Name:	First Name:	Middle:	Work Phone:
Street Address:			Message Phone:
City:	State:		Zip Code:
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status () Yes () No			
In case of emergency notify: Name: _____ Phone: _____			
Address:			
Have you ever worked for us before? _____ If yes, when? _____			
List any relatives working for the Tax Collector's Office:			
Position Applying For:			
Salary Expected:	Days and Hours available for work:		
How did you learn of this position? (be specific)			
Have you ever been convicted of or pled no contest to a crime; ever been a defendant in any civil action for intentional tort; had an adjudication withheld for a criminal offense; entered a pre-trial intervention program; or been placed on court ordered probation () Yes () No. If yes, state the nature of the offense(s), dates, city and state and disposition. A conviction or plea record is not an automatic bar to employment and the nature, date, disposition of an offense, and other factors deemed relevant by the employer will be considered.			
Indicate your ability relating to:			
Calculator	P/C	Typing speed	
For Human Resources Department Use Only:			
Typing Test Date		Typing Speed	

EDUCATION:

Circle highest grade completed: Grade School 1,2,3,4,5,6,7,8 High School 9,10,11,12 Graduate 1,2,3,4
 If you received a GED, indicate date and issuing authority: _____

School	Name and Location	Dates Attended		Graduate?	Major Subject	Degree
		From	To			
High School				Yes No		
College				Yes No		
Vocation / Business				Yes No		
Other				Yes No		

Certifications: _____

MILITARY:

Have you ever served in the armed forces? Yes ___ No ___ If yes, what Branch? _____
 Tours of Duty from: _____ To _____ Rank at Discharge: _____
 Mo. Day Yr.. Mo. Day Yr.

VETERANS' PREFERENCE: (Complete this section only if you are claiming Veterans' Preference).

If you claim Veterans' Preference, check the type below. Attach copies of the required documents to your application to support your claim. (Documents will not be returned.)

1. Veteran of a wartime era - Requires (A) DD214 or other document showing dates of service and type of discharge.
2. Disabled Veteran - Requires (A) and (B) letter of service connected disability from the V.A.
3. Veterans' Widow - Requires (A) and marriage and death certificates, and statement saying not remarried.
4. Disabled Veterans' Spouse - Requires (A) and (B), evidence of marriage to the veteran, a statement that the spouse is still married at the time of application, and proof that the disabled veteran cannot qualify for employment because of disability.
5. Permanently Disabled Veteran - Requires (A) indicating veteran is permanently disabled, or (A) and letter from V.A. indicating that the veteran is permanently disabled.
6. Operation Enduring Freedom (beginning October 7, 2001 – present). Requires (A) DD214.
7. Operation Iraqi Freedom (beginning March 19, 2003 – present). Requires (A) DD214.

Veterans' Preference documentation must be submitted at the time of initial application. If any preference-eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference-eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

NOTE: Veterans' Preference pertains to all positions except the following:

1. Elected Officials.
2. Board and Commission Members.
3. Department Heads.
4. Personal secretary of each such office or appointee.
5. Temporary employee for the purpose of conducting special studies.
6. Positions filled internally by means of promotion, demotion or reassignment

EMPLOYMENT:**THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED.**Beginning with your **PRESENT** or most recent employment, list in **REVERSE ORDER ALL** periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Be sure to describe your military experience, if any. Describe **in detail** your specific duties beginning with your primary duties. (Attach additional sheets if necessary).

1. Employer					Address		
Your Official Job Title					Supervisor's Name and Title		Phone Number
FROM		TO		Total Months	If part time, number of hours per week	Beginning Salary	Ending Salary
Month	Year	Month	Year		_____	\$ _____ per _____	\$ _____ per _____
Reason for leaving:							
Describe your duties in detail:							
2. Employer					Address		
Your Official Job Title					Supervisor's Name and Title		Phone Number
FROM		TO		Total Months	If part time, number of hours per week	Beginning Salary	Ending Salary
Month	Year	Month	Year		_____	\$ _____ per _____	\$ _____ per _____
Reason for leaving:							
Describe your duties in detail:							
3. Employer					Address		
Your Official Job Title					Supervisor's Name and Title		Phone Number
FROM		TO		Total Months	If part time, number of hours per week	Beginning Salary	Ending Salary
Month	Year	Month	Year		_____	\$ _____ per _____	\$ _____ per _____
Reason for leaving:							
Describe your duties in detail:							
This section is continued on the back of the application.							

4. Employer				Address		
Your Official Job Title				Supervisor's Name and Title		Phone Number
FROM		TO		Total Months	If part time, number of hours per week _____	Beginning Salary \$ _____ per _____
Month	Year	Month	Year			Ending Salary \$ _____ per _____
Reason for leaving:						
Describe your duties in detail:						
5. Employer				Address		
Your Official Job Title				Supervisor's Name and Title		Phone Number
FROM		TO		Total Months	If part time, number of hours per week _____	Beginning Salary \$ _____ per _____
Month	Year	Month	Year			Ending Salary \$ _____ per _____
Reason for leaving:						
Describe your duties in detail:						
Why do you feel you are qualified for this position?						

List any special skills or talents that would be an asset in the workplace such as, foreign language, sign language etc.						

Are you available to work whatever schedule is necessary to help us meet our operational needs? () Yes () No						
Can you get to work each day on time? () Yes () No						
Can you work in a smoke-free environment without restriction? () Yes () No						

APPLICANT'S CERTIFICATION AND AGREEMENT

Pursuant to Chapter 119, Fla. Statutes, personnel records and job applications shall be open for a personal inspection by any person.

TRAINING PERIOD – The first 90 days of employment at the Office of the Lee County Tax Collector is a training period and a new employee may be discharged or laid off before the expiration of the training period without recourse to disciplinary procedures in accordance with the policies and procedures of the Office of the Lee County Tax Collector. A new employee will then continue in training for an additional 90 days. During this additional 90-day training period, a new employee may still be discharged without recourse to disciplinary procedure. Effective the 1st of the month following one full month of employment, a new employee will be eligible to receive benefits.

STATEMENT BY APPLICANT – I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employ, together with all employment-related information they may have concerning me. I also authorize educational institutions to furnish their records of education related information they may have concerning me.

It is agreed that any misrepresentations by me in this application or in any additional information will be sufficient cause for its cancellation or for dismissal from employment with the Office of the Lee County Tax Collector if I am employed regardless of the time they are discovered.

I hereby certify the facts set forth in this employment application and in any additional information are true and complete to the best of my knowledge.

List previous last names: _____

Signature of Applicant: _____ Date: _____



LEE COUNTY TAX COLLECTOR

TO: Employees/Applicants
FROM: Carolyn Baker, HR Director
SUBJECT: Collection of Personal Information/Documents
DATE: October 19, 2007

We care about your privacy and endeavor to protect it to the greatest extent possible. In order to obtain information to protect our office, and to provide you with benefits, certain personal information from you and your dependents must be obtained. For your information, social security numbers and certain benefits information are not subject to Florida's public record laws and are maintained on a confidential need-to-know basis, such as information subpoenaed by a court of law or provided to another agency whose receipt of social security numbers are necessary to carry out their function(s). Your social security number will be obtained solely for the purpose of fulfilling duties and responsibilities as prescribed by law and include:

- Background check investigation such as criminal, credit record check and/or driving record
- FRS and deferment income information
- Insurance benefits
- Verification of employment information

Lee County is required by the Equal Employment Opportunity Commission of the United States to collect and maintain the information requested below for EEO statistical purposes. This information will be maintained separately from your application and will not be considered in the application process.

DATE: _____

RACIAL/ETHNIC DATA (CHECK ONE)

NAME: _____

1. () WHITE: (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

SOCIAL SECURITY No. _____

2. () BLACK: (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

POSITION APPLIED FOR: _____

3. () HISPANIC :All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

How did you learn about this vacancy? _____

4. () ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example: China, Japan, Korea, the Philippine Islands, and Samoa.

DATE OF BIRTH: _____ / _____ / _____
(Month) (Day) (Year)

MARITAL STATUS: _____ Single _____ Married
_____ Divorced _____ Widowed

5. () AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition,

SEX: Female () Male ()

Handicapped/Disabled _____ Yes _____ No If Job

Accommodations are needed please specify: _____

DATE: _____

NAME: _____

If a driver's license is required for the position you are applying for, (see advertisement), please indicate the following:

STATE: _____ NUMBER _____ TYPE: _____ EXP DATE: _____

List all traffic violations in the last three years:

Signature of Applicant

APPOINTMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this appointment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Tax Collector to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer-reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Tax Collector all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Tax Collector, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered appointment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six-month training period. I further understand that my appointment is at the discretion of the Tax Collector and compensation and appointment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the Tax Collector or myself. I understand that no supervisor or other representative of the Tax Collector has any authority to enter into any agreement for appointment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of work or my continued appointment that I may be requested by the Tax Collector to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for work, or if I am then working, may result in my immediate dismissal.

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

Signature of Applicant

Date: ____/____/____



LEE COUNTY TAX COLLECTOR

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone –such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers or reports that contain medical information.** A CRA may not give out information about you to your employer, or perspective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA'S, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 205051 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State chartered banks that are not members of the Federal Reserve	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 * 202-720-7051

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