



Melissa Arnold

Supervisor of Elections • Okeechobee County, Florida



PERSONAL INFORMATION

Date: _____

Name _____ Social Security # (optional): _____
Last First Middle Initial

Have you ever used or been known by any other name(s) including first name (i.e., nickname or common name)? Yes No

If yes, please indicate additional names: _____

Present address _____
No. Street City State Zip

Home phone number: _____ Daytime phone # where we may reach you? _____

How long have you lived at above address? _____

Previous address _____ How long did you live there? _____
No. Street City State Zip

Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.

EMPLOYMENT INFORMATION

Position applying for _____ Date available for work _____

Type of employment Full Time Part Time Temporary What salary or pay rate do you expect? _____

What days and hours are you available to work? Days _____ Hours _____

Have you ever applied for a job with us before? Yes No When? _____

Have you ever been bonded? Yes No Have you ever been refused bond? Yes No If so, state reason and date.

Have you ever been convicted of a felony or misdemeanor? This includes Adjudicated or Adjudication Withheld.

Yes No If yes, explain: _____

Criminal convictions are not necessarily a bar to employment; however, each case will be reviewed.

Do you use illegal drugs? Yes No

Does your present employer know of your plans to change employment? Yes No Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? Yes No

Do you have steady transportation to work? Yes No Have you ever been discharged or asked to resign? Yes No

Can you perform the duties of the job for which you are applying, with or without reasonable accommodation? Yes No

Do you have a valid Florida Driver's license? Yes No

Please provide the license number and expiration date: _____

Your social security number is requested for the purpose of initiating and processing applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting Act.

EDUCATION INFORMATION

SCHOOLING	YEARS COMPLETED	DEGREE REC. AND MAJOR SUB.	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
GRAMMAR OR HIGH SCHOOL					
TRADE BUS. OR CORRESPONDENCE					
COLLEGE					
GRADUATE SCHOOL					

Describe any other specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment. State whether degree or certificate received. Schools must be accredited by the U.S. Department of Education.

PRIOR WORK RECORD (Start with most recent or present employer)

1) Name, Address & Phone No. of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

2) Name, Address & Phone No. of Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

3) Name, Address & Phone of Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

4) Name, Address & Phone No. of Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact _____

RELATIVES

To your knowledge, do you have any relatives currently working at the County?

If yes, name _____ Dept _____ relationship _____ YES NO

VETERAN'S PREFERENCE

Effective July 1, 2007:

- 1. Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state.
- 2. Persons who were previously ineligible for preference because they held or are currently holding a job with a public employer are now eligible to use their Veterans' Preference again with all employees covered by law.
- 3. Persons who were previously ineligible for preference because they did not serve during an eligible wartime period may now be eligible for Veterans' Preference if they served during Operation Enduring Freedom (beginning October 7, 2001 - present) or Operation Iraqi Freedom (beginning March 19, 2003 - present).

If you are claiming Veteran's Preference, you must complete the Application for Veteran's Preference attached to this employment application, along with a copy of the DD214 form or equivalent certification from the Department of Veterans' Affairs. DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE. All documents must clearly indicate that they are copies of originals.

Veterans' Preference of statement of documentation/eligibility is posted in the job-postings bulletin board; a copy is available upon request. For further information, contact: the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731.

CITIZENSHIP

Okeechobee County BOCC hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.?

ARE YOU AUTHORIZED OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

WORK REFERENCES (must furnish work references from former positions - do not list relatives)

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

PERSONAL REFERENCES (do not list relatives)

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a resume, or other applicant information provided may result in my dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureaus of your choice. In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time.

I understand that employment at Okeechobee County is not offered, guaranteed, contracted, or promised for any specific length of time. The County has the right to terminate the employment relationship at any time.

UPON TERMINATION OF EMPLOYMENT I UNDERSTAND THAT OKEECHOBEE COUNTY MAY HOLD MY FINAL PAYCHECK UNTIL A FINAL ACCOUNTING IS MADE FOR ANY COUNTY PROPERTY IN MY CUSTODY.



VETERANS' PREFERENCE ELIGIBILITY FORM

INSTRUCTIONS: Complete this form if you are claiming Veterans' Preference. You must complete both pages of this form. Before being given preference, you will be required to submit documentation in accordance with the provisions of Florida Law. Veterans' Preference is awarded for selection procedures taken and passed, providing this and all required documentation is submitted to the Okeechobee County Human Resources Office. Preference will not be given retroactively.

PERSON APPLYING FOR PREFERENCE

Name (Last, First, Middle):

Email Address:

VETERAN INFORMATION *(to be provided by the person applying for preference)*

Veterans' Name (Last, First, Middle) exactly as it appears on Service Records

Branch of Service

Type of Discharge/Character of Service

Veteran's periods of service

Date of Entry:

Date of Discharge:

Dates of Active Duty

Dates of Training

From:

To:

From:

To:

Does the Veteran have a service connected disability? Yes No

If yes, is the service connected disability compensable? Yes No

What is the percentage of disability? _____ %

Documentation you will be submitting for Veterans' Preference:

IMPORTANT NOTICE:

In accordance with Florida Law, preference in appointment, employment and promotion shall be given first to those persons included in categories 1 and 2 and second to those persons included under categories 3 through 7 (as shown on the next page). Preference in appointment and employment requires that a preferred applicant be given special consideration each step of the employment selection process but does not require the employment of a preferred applicant over a non-preferred applicant who is more qualified for the position.

Preference-eligible applicants who believe they have not been afforded preference with Florida law have the right to request an investigation by submitting a written request within 60 calendar days to the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, 9500 Bay Pines Blvd., Room 214, St. Petersburg, FL 33708.

Submission of this form and accompanied documentation does not constitute automatic eligibility for veterans' preference. Eligibility for veterans' preference is subject to verification of information and documentation provided.

The following positions are exempt from Veterans' Preference provisions: positions filled by officers elected by popular vote or persons appointed to fill vacancies in such office and personal secretary of each such officer, members of boards and commissions, persons employed on a temporary basis without benefits, head of departments, positions which require licensure such as a physician, and positions which require that the employee be a member of the Florida Bar.

WARTIME ERAS: for the purpose of determining Veterans' preference, wartime era is limited to service during the following time periods:

- September 1, 2010 through present (Operation New Dawn)
- March 19, 2003 through present (Operation Iraqi Freedom)
- October 7, 2001 through present (Operation Enduring Freedom)
- August 2, 1990 to January 2, 1992 (Persian Gulf War)
- February 28, 1961 to May 7, 1975 (Vietnam Era)
- June 27, 1950 to January 31, 1955 (Korea Conflict)
- December 7, 1941 to December 31, 1946 (WWII)
- April 6, 1917 to July 1, 1921, if one day of service was between 4/5/1917 and 11/12/1918 (WWI)
- April 6, 1917 to April 1, 1920, if served in Russia (WWI)
- April 6, 1917 to November 11, 1918 (WWI)

PERSON APPLY FOR PREFERENCE

Name (Last, First, Middle)

TYPE OF VETERANS' PREFERENCE CLAIMED

Instructions: Check the box below to indicate the type of preference you are claiming. Answer all questions associated with that box and provide the listed documentation.

CATEGORY/DOCUMENTATION REQUIRED

1. A veteran who served on active duty, received an honorable discharge and have established the present existence of a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the Department of Veterans Affairs and the US Department of Defense.

Required Documents: A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type and a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service-connected disability.

2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.

Are you presently married to the veteran? Yes No

If No, have you remarried? Do not count marriages that were annulled. Yes No

Required Documents:

Spouses of disabled veterans: A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing the spouse's military status, dates of service and discharge type also a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the department; and evidence of marriage to the veteran and a *statement that the spouse is still married to the veteran at the time of the application for employment; and submit proof that the disabled veteran cannot qualify for employment because of a service-connected disability.

Spouses of persons on active duty: A Department of Defense document or the DVA certifying that the person on active duty is listed as missing in action, captured in the line of duty, or forcibly detained or interned in line of duty by a foreign government or power; and evidence of marriage and *a statement that the spouse is married to the person on active duty at the time of application for employment.

*Signing this form will serve as statement that you are still married to the veteran at the time of this application.

3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.

Required Documents: A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

Were you married to the veteran when he or she died? Yes No

Have you remarried since the veteran's death? Do not count marriage that were annulled. Yes No

Required Documents: A Department of Defense document or the DVA certifying the service-connected death of the veteran, and evidence of marriage and *a statement that the spouse is not remarried.

*Signing this form will serve as statement that you (the spouse) has not remarried at the time of this application.

5. The mother, father, legal guardian, or un-remarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the US Department of Defense.

Relationship to service member: Mother Father Legal Guardian Un-remarried widow/widower

Required Documents: A Department of Defense document certifying the service-connected death of the veteran under combat-related conditions. In addition, the legal guardian shall provide proper court documents establishing legal authority of Guardianship.

6. A veteran who served in the active military, naval, or air service and who discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.

Required Documents: A Department of Defense document, commonly known as a form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

7. A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

Required Documents: A letter from Commanding Officer stating the dates of military service to establish service member is currently active.

I acknowledge that I have read and understood the rights expressed in this notice. I certify that all information provided is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

Name:

--Date: