

**APPLICATION FOR EMPLOYMENT**

**Marion County Supervisor of Elections**

We are an equal opportunity employer dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status or veteran status.

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are you 18 Years or Older [ ] Yes [ ] No

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State

Mailing Address: \_\_\_\_\_  
Street City State

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

Related to anyone who works for this office, state name, department, and location: \_\_\_\_\_

**EMPLOYMENT DESIRED**

<u>Position:</u>	<u>Date You Can Start</u>	<u>Salary Desired</u>
_____	_____	_____

Are you employed now? If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to this office before? Where? When?

Are there any days, shifts or hours you will not work?  
If yes, explain: \_\_\_\_\_

**EDUCATION**

<u>Name and Location of School</u>	<u>Degree/Dates Certificate</u>	<u>Subjects Studied</u>	<u>Grade Average</u>
Grammar School _____			
High School _____			
College _____			
Trade, Business, or Correspondence School _____			
Other (including Graduate School _____			

Within the past seven (7) years:

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to, a crime?

YES       NO

If yes, give details (date, place, offense(s), disposition, etc.) \_\_\_\_\_

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program?

YES       NO

If yes, give details (date, place, offense(s) charged, disposition, etc.) \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages if necessary).

<u>Date</u> <u>Month and Year</u>	<u>Name, Address and</u> <u>Telephone No. of Employer</u>	<u>Position and</u> <u>Job Duties</u>	<u>Salary</u>	<u>Reason for</u> <u>Leaving</u>
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From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Did you work for any of these employers under a different name?

YES       NO

If yes, which employer(s) and under what name(s)? \_\_\_\_\_

Please explain any gaps in your employment history \_\_\_\_\_

Have you received any written reprimands or disciplinary suspensions during any previous employment?

YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever been discharged or asked to resign?  YES  NO

If yes, please explain (include by whom, when and for what). Attach separate page if necessary: \_\_\_\_\_

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**DRIVING RECORD:**

Do you have a valid driver's license  YES  NO

What class of license do you possess? \_\_\_\_\_

List driver's license number and state. \_\_\_\_\_

Have you had a suspension or probation of your license within the last five (5) years?  YES  NO

How many speeding or other moving violations have you received in the last three (3) years?

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional page if necessary).

DATE	LOCATION	DESCRIPTION	RESULT

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**REFERENCES:** Give below the names of three persons not related to you, whom you have known at least one year.

	Name	Address	Business	Email/Phone #	Acquainted
1.					
2.					
3.					

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**MILITARY RECORD:**

Were you in the U.S. Armed Forces? [ ]YES [ ]NO

If yes, what Branch? \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to this office? \_\_\_\_\_

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Employment in this office will require a copy of your DD-214.

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

**Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987? Yes [ ] No [ ]**

If yes, give name of employer: \_\_\_\_\_

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. Receipt of any Armed Forces Expeditionary Medal – 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 APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment 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 Supervisor of Elections 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 Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Supervisor of Elections 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 Supervisor of Elections, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, 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 ninety (90) day training period. I further understand that my employment is at the discretion of the Supervisor of Elections and compensation and employment 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 Supervisor of Elections or myself. I understand that no supervisor or other representative of the Supervisor of Elections has any authority to enter into any agreement for employment 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 employment that I may be requested by the office 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.

In order to comply with State of Florida and IRS regulations, the Supervisor of Elections request, as required, social security numbers for use in recording wages as prescribed by law.

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

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Date

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Signature of Applicant

**MARION COUNTY SUPERVISOR OF ELECTIONS**