



DOROTHY JACKS

CFA, AAS

Palm Beach County Property Appraiser

Governmental Center - Fifth Floor

301 N. Olive Avenue

West Palm Beach, Florida 33406

tel. 561.355.3230 fax. 561.355.3963

pbcgov.org/PAPA

Application Review/Interview History

Date	Dept.	Position	Reviewed/Interviewed By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT APPLICATION

PALM BEACH COUNTY PROPERTY APPRAISER'S OFFICE

REVISED: 01/2017

Instructions: You must fully and accurately complete the Employment Application. Unsigned or incomplete applications will not be considered. Resumes will not be accepted in lieu of applications, but are considered to be supplemental information. Your application will remain active for six (6) months. If you wish to be considered after that time, you must complete a new Employment Application. **Print clearly and complete all sections.**

Date: _____

Last Name: _____ First Name: _____ M.I. _____ SSN (last 4 digits) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

POSITION INFORMATION

Employment Desired: Full time Part-Time Will you work overtime if required? Yes No

Position Applying for: _____ Minimum Salary Requirement: _____

Are you legally authorized to work in the U.S.? Yes No (*Documents establishing both identity and employment authorization are required at time of employment.*)

Complete if position requires driving:

Do you have a valid Florida Driver License? Yes No Driver License Number: _____Has your license ever been suspended or revoked? Yes No

If yes, please explain: _____

GENERAL

Have you ever been employed with the PBC Property Appraiser or any other county agency or department? Yes No
If yes, provide name of agency/department and date(s) of employment: From: _____ To: _____Are you related to anyone who works for the Property Appraiser's office? Yes No

If yes, provide name and relationship: _____

Are you at least 18 years of age? Yes No (*If no, you may be required to provide authorization to work.*)

EDUCATION AND TRAINING

Do you have a high school diploma? Yes No GED? Yes No

Name, city and state of last high school attended: _____

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Earned	Did you graduate?	Major/Minor Degree Field/Program of Study	Type of Degree Received
		Yes No		
		Yes No		
		Yes No		

List Vocational/Technical/Other Schools Below:

Name and Location	Total Hours Completed	Did you graduate?	Course/Subject	Certificate Received
		Yes No		
		Yes No		

PROFESSIONAL LICENSES, CERTIFICATIONS OR MEMBERSHIPS

List any professional or occupational licenses, certifications, or memberships that you currently hold which relate to the position for which you are applying:

SPECIAL SKILLS AND OTHER QUALIFICATIONS

List any other relevant special skills, knowledge or abilities including special courses, knowledge of computer hardware/software, or office equipment:

EMPLOYMENT HISTORY

Begin with your present or most recent job and describe the specific duties and responsibilities. List all periods of employment, including unemployment, self-employment, military service, internships, and summer work. Missing or incomplete information may result in the disqualification of your application.

Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone Number(s): _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____ Voluntary: <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your current employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
From	To	
Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		

Specific Duties: _____

Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone Number(s): _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____ Voluntary: <input type="checkbox"/> Yes <input type="checkbox"/> No
From	To	
Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		

Specific Duties: _____

Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone Number(s): _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____ Voluntary: <input type="checkbox"/> Yes <input type="checkbox"/> No
From	To	
Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		

Specific Duties: _____

Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone Number(s): _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____ Voluntary: <input type="checkbox"/> Yes <input type="checkbox"/> No
From	To	
Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		

Specific Duties: _____

REVISED 7/2014

VETERANS PREFERENCE ELIGIBILITY FORM

If you wish to claim Veterans' Preference in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295, Florida Statutes, please complete the Veterans' Preference section below. Completion of this form is voluntary and kept confidential in accordance with the Americans with Disabilities Act. Before being given preference, you will be required to submit documentation in accordance with the provisions of Florida law. Active duty for training is not covered for Veterans' Preference purposes.

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 From: To:	Dates of Training From: To:
Documentation you are submitting in support of Veterans Preference consideration:	

IMPORTANT NOTICE:

In accordance with Florida law, preference in appointment and retention shall be given first to those persons included in categories 1 and 2 and second to those persons included under categories 3, 4, 5, 6 and 7. Preference in appointment and employment requires that a preferred applicant be given special consideration each step of the employment section process, but does not require the employment of a preferred applicant over a non-preferred applicant who is more qualified for the position.

If a qualified applicant claiming Veterans Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or as otherwise provided in Rule 55A-7.016, Florida Administrative Code.

Excluded from the provisions of veterans preference are elected officials and their personal secretary, members of boards and commissions, persons employed on a temporary basis without benefits, heads of departments, positions that require a physician's license, or positions that require the employee to be a member of the Florida Bar (e.g. attorneys, judges, etc.).

For the purpose of determining veterans' preference, wartime era is limited to service during the following time periods:

- Operation New Dawn: September 1, 2010 to [be established]
- Operation Iraqi Freedom: March 19, 2003 to February 17, 2010
- Operation Enduring Freedom: October 7, 2001 to [be established]
- Persian Gulf War: August 2, 1990 through January 2, 1992
- Vietnam War: February 28, 1961 to May 7, 1975
- Korean War: June 27, 1950 to January 31, 1955
- World War II, World War I, Mexican Border Period, and Spanish-American War.

VETERANS PREFERENCE ELIGIBILITY FORM (continued)

- (1) The state and its political subdivisions shall give preference in appointment and retention in positions of employment to:
- (a) Those disabled veterans:
1. Who have served on active duty in any branch of the Armed Forces of the United States, have been separated therefrom under honorable conditions, and have established the present existence of a service-connected disability which is compensable under public laws administered by the U.S. Department of Veterans' Affairs, or
 2. Who are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense.
- (b) The spouse of any person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of any person missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- (c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. Active duty for training may not be allowed for eligibility under this paragraph.
- (d) The unremarried widow or widower of a veteran who dies of a service-connected disability.
- (e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who dies in the line of duty under combat-related conditions, as verified by the United States Department of Defense.
- (f) A veteran as defined in s. 1.01(14). Active duty for training may not be allowed for eligibility under this paragraph.
- (g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

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.

All applicants claiming Veterans Preference must complete this form and **include all supporting documentation with this application**. Documentation may include, but is not limited to,

Please check the Veterans Preference category you are claiming:

a
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.

b Are you presently married to the veteran? yes no
 If No, have you remarried? Do not count annulled marriages. 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 the 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 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 application will serve as statement that you are still married to the veteran at the time of this application.

__ c
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.

__ d Were you married to the veteran when he or she died? yes no
 Have you remarried since the veteran's death? Do not count annulled marriages. 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 application will serve as statement that you (the spouse) have not remarried at the time of this application.

__ e Relationship to service member: Mother Father Legal Guardian Unremarried 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 the legal authority of Guardianship.

__ f
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.

__ g
Required documents: A letter from Commanding Officer stating the dates of military service to establish service member is current active.

REVISED 9/2014

APPLICANT'S CERTIFICATON***Please read this statement carefully before signing below:***

I hereby certify that the information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentations or omissions of any fact in my application, resume, or any other materials, or during my interviews, is sufficient cause to reject this application, or if employed may result in my termination.

I hereby authorize the Property Appraiser's Office to investigate all statements contained in this application, to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give the Property Appraiser's Office all facts, opinions and evaluations concerning my previous employment and any other information they have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Property Appraiser's Office including, but not limited to, any liability or defamation or invasion of privacy.*

If offered employment, I understand that such an offer is contingent upon satisfactory results of a background investigation. I further understand that if hired, I can be alcohol/drug tested for reasonable suspicion and post accident in accordance with the Property Appraiser's Office Drug-free Workplace Policy. I further understand that failure to take such test(s) when requested to do so or unsatisfactory test results can result in my immediate termination.

If employed I understand I will be required to serve a six (6) month Introductory Employment Period. I further understand my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Property Appraiser or myself. I understand that no manager, supervisor, or other representative of the Property Appraiser's Office has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the forgoing.

If employed, I agree to abide by all policies and procedures issued by the Palm Beach County Property Appraiser.

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

Signature of Applicant

Date

* In accordance with the Public Records Law, Chapter 119, F.S., information provided on this application may be "inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or his designee.

In accordance with the provisions of the Americans with Disabilities Act of 1990, the Property Appraiser's Office invites disabled applicants to inform our office if they require accommodation within the application or interview process. Requests should be made in advance by contacting Human Resources at (561) 355-2850.

An Equal Opportunity/Veterans Preference Employer Supporting a Drug-free Workplace