



**JOEY HOOTEN
SUMTER COUNTY**

PROPERTY APPRAISER
CUSTOMER SATISFACTION • ACCOUNTABILITY • TEAMWORK

SUMTER COUNTY PROPERTY APPRAISER APPLICATION FOR EMPLOYMENT

Sumter County Property Appraiser (SCPA) is an equal opportunity employer. SCPA does not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, disability, pregnancy, or other protected characteristics. Preference shall be given to certain veterans and spouses of veterans as provided by Chapter 295, Laws of Florida. If you require special accommodation because of a disability to participate in the application/section process, you must notify the hiring authority in advance.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

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

Have you ever been terminated from employment or asked to resign by an employer? Yes
No

If **yes**, please provide company names and details _____

Can you work any shift? Yes No If no, explain: _____

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ____ If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other

Have you ever worked for this company before?
Yes No Explain _____

Do you know anyone or are you related to anyone, currently working in our office? Yes No

If yes, who? _____

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last fifteen (15) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. If you need to add more work history than allowed below, please add a separate document with complete history. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

DRIVING RECORD

Do you have a valid driver's license? Yes No What class of license do you possess? _____

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) and all motor vehicle accidents on your record for the last five (5) years (use additional page if necessary)

Date:	Location:	Description:	Result:

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Phone	Company	Years Known
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SCPA to hire me. If I am hired, I understand that either SCPA or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of SCPA has the authority to make any assurance to the contrary.

By typing or signing my name below, I certify that all of the statements and information provided in this application are true correct to the best of my knowledge. No requested information has been concealed. I authorize SCPA to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

*Please email your completed application to: finance.propertyappraiser@sumtercountyfl.gov

Sumter County Property Appraiser

VETERANS' PREFERENCE CERTIFICATION

Date: _____ Name: _____

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status along with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans' Preference under the category checked below:

(a) A disabled veteran:

1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

(b) The spouse of a 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 a person missing in action, captured in 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. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

(d) The unremarried widow or widower of a veteran who died 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 died 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), F.S. I acknowledge that 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. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.** Please contact HR at finance.propertyappraiser@sumtercountyfl.gov or (352) 569-6792, if you have any questions.

This statement is true to the best of my knowledge and belief.

Signature _____

Printed Name _____