Dana Southerland
Supervisor of Elections
Taylor County

APPLICATION FOR EMPLOYMENT

Taylor 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.

It is important that you answer all questions on this Application fully, 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 NA (not applicable).

Applicant Information

Position Applied for:		**Date:**	
Salary Desired:			
Last Name:		**First Name:**	
Middle Name:			
Mailing Address:		**City:**	
State:		**Zip:**	
Home Phone:		**Cell Phone:**	

Have you ever applied to the Supervisor of Elections' Office before?	☐ Yes ☐ No
If yes, please list the dates:	
Are you a United States Citizen?	☐ Yes ☐ No
If not, do you have the necessary resident alien work permits for employment?	☐ Yes ☐ No
Do you claim Veterans' Preference? (If yes, you must complete the Veteran's Preference information and submit required documentation.)	☐ Yes ☐ No
Have you ever been convicted of, pled guilty, pled nolo contendere, 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 pretrial intervention program; or been placed on court ordered probation?	☐ Yes ☐ No
If yes, state the nature of the offense(s), date(s), city and state and disposition. A nature, date, disposition of an offense, and other factors deemed relevant by the employer will be considered.	
Are you currently employed?	☐ Yes ☐ No
If yes, may we contact your current employer?	☐ Yes ☐ No
On what date would you be available for work?	
Are you available to work?	☐ Full-time ☐ Part-time ☐ Temporary
Are you physically or otherwise unable to perform the duties of the job for which you are applying?	☐ Yes ☐ No
Can you travel if a job required it?	☐ Yes ☐ No
Can you get to work on time?	☐ Yes ☐ No
Can you work the regular hours, overtime and occasional weekend work to meet the operational needs of the office?	☐ Yes ☐ No
Do you understand that attendance and dependability are essential requirements of the job?	☐ Yes ☐ No

PREVIOUS EMPLOYMENT

Present or Last Employer

Name of Employer:			
Address:		**Phone Number:**	
Job Title:		**Supervisor's Name:**	
Dates Employed:		**Hours Per Week:**	
Duties and Responsibilities:			
Reason for Leaving:			
Starting Pay:		**Ending Pay:**	

Next Previous Employer

Name of Employer:			
Address:		**Phone Number:**	
Job Title:		**Supervisor's Name:**	
Dates Employed:		**Hours Per Week:**	
Duties and Responsibilities:			
Reason for Leaving:			
Starting Pay:		**Ending Pay:**	

PREVIOUS EMPLOYMENT (continued)

Next Previous Employer

Name of Employer:			
Address:		**Phone Number:**	
Job Title:		**Supervisor's Name:**	
Dates Employed:		**Hours Per Week:**	
Duties and Responsibilities:			
Reason for Leaving:			
Starting Pay:		**Ending Pay:**	

Next Previous Employer

Name of Employer:			
Address:		**Phone Number:**	
Job Title:		**Supervisor's Name:**	
Dates Employed:		**Hours Per Week:**	
Duties and Responsibilities:			
Reason for Leaving:			
Starting Pay:		**Ending Pay:**	

EDUCATION/PROFESSIONAL TRAINING

High School

High School and Location:	
Date of Diploma:	
Received (check one):	☐ Diploma ☐ None ☐ Other (Specify): _____
Your name, if different, while attending school:	

College, University or Professional School

Name of School	**Location**	**Dates of Attendance (Month/Year)**	**Credit Hours Earned**	**Major/Minor Course of Study**	**Degree Earned**

Your name, if different, while attending school:	

Job-Related Training or Course Work (Vocational, Trade, Governmental, Business, Armed Forces, Etc.)

Name of School	**Dates of Attendance (Month/Year)**	**Credit Hours Earned**	**Course of Study**	**Training Completed? (Yes/No)**

Your name, if different, while attending:	

Licensure, Registration, Certification (Examples: Teaching certification, RN, LPN, PE, CPA, etc.)

License, Registration or Certification	**Number**	**Date Received**	**Expiration**	**State Licensing**

OTHER APPLICANT INFORMATION

References

Please list three professional references (Please do not include family members).

Name	Occupation	Phone Number	Years Known

Special Skills (Include skills with computers, machines, tools, and motor equipment):

In your own words, explain how you qualify for the position. Please be specific.

VETERAN'S PREFERENCE INFORMATION

Your Name:		**Position you are applying for:**	
Signature:			

If you are claiming Veterans' Preference, you must indicate the preference eligibility category that applies to you. Please circle the number that pertains to you. All required documentation must be received in order for veterans' preference to be applied.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, or
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, or
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, or
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

A DD214 Form or comparable documentation, which serves as a certificate of release or discharge, must be furnished at the time of application. In addition, applicants claiming categories 1, 2 or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, Florida Administrative Code. Wartime periods are defined in Florida Statutes, Section 1.01 (14). Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2, and then those in categories 3 and 4. Veteran's Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 9500 Bay Pines Boulevard, Room 214, St. Petersburg, Florida 33708. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 2 months of the date the application is filed with the employer if no notice is given.

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

1. Elected (and appointed) Officials
2. Board and Commission Members
3. Personal secretary of each such Officer, Board Member, and Commission Member
4. Persons employed on a temporary basis without benefits
5. Department Heads
6. Positions filled internally by means of promotion, demotion or reassignment (unless a veteran's first promotion after reinstatement or reemployment)

VETERANS' PREFERENCE CLAIM

If eligible, which Veterans' Preference category are you claiming? (Please indicate number from Veterans' Preference information section above.)	_____
Have you ever been employed by any governmental entity within the State of Florida?	☐ Yes ☐ No

NOTE: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD214 Form (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your Application.

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 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 liabilities for defamation or invasion of privacy.

If I am offered appointment, I understand that such an offer may 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 appointment is at the discretion of the Supervisor of Elections 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 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 appointment for any special period of time, 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 Supervisor of Elections to submit to a urinalysis or other drug/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.

Date:		**Signature of Applicant:**	