



**OFFICE OF PATSY HEFFNER
OSCEOLA COUNTY TAX COLLECTOR
P.O. BOX 422105
KISSIMMEE, FL 34742**

APPLICATION FOR APPOINTMENT

We are an equal opportunity employer, dedicated to non-discrimination in employment

Due to the volume of applications received, not all applicants will be contacted to take the assessment test that is required and not all applicants who test will be considered for an interview.

Please do not call to check on the status of your application.

Thank you for your interest in employment with the Office of Patsy Heffner, Osceola County Tax Collector.

Instructions: Please print or type. Complete all items. If a question is not applicable, enter "N/A". Do not leave any sections blank. Failure to do so may result in loss of employment opportunity.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name	Home Phone No.
Address:			Secondary No.
City, State, Zip Code			

APPOINTMENT DESIRED:

Position _____ Date you can start _____ Salary desired _____

Are you now employed? ___Yes ___No May we inquire of your present employer? ___Yes ___No

Have you ever applied to this Tax Collector before? ___Yes ___No If so, when? _____ Where? _____

Have you ever worked for this Tax Collector before? ___Yes ___No If so, when? _____

Why did you leave? _____

Are there any days, shifts, or hours you will not be able to work? ___Yes ___No

Explain: _____

Are you related to anyone who works for this Tax Collector? ___Yes ___No If yes, state name, department and location:

VETERAN'S PREFERENCE:

Check the appropriate block if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application.

- 1. As a veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension.
- 2. As 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.
- 3. As a veteran of any war who has served on active duty during a wartime era.
- 4. As the unmarried widow or widower of a veteran who died of a service-connected disability.

Branch of Service

Date of Entry

Date of Honorable Discharge

Have you ever claimed veteran's preference and entered into covered employment by a covered employer since October 1, 1987? ___Yes ___No

EDUCATION:

Name & Location of School	Graduated	Type of Diploma/Degree	Major Field of Study
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Colleges or Universities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate Schools	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical/Vocational	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SKILLS:

Language(s) other than English	
Computer Skills	

EMPLOYMENT HISTORY:

List below sequentially all of your employers in the last 10 years, beginning with your current or most recent employer. (Use additional pages if necessary)

From	To	Employer Name, Address & Phone #	Position	Duties	Ending Salary	Reason For Leaving

Did you work for any of these employers under a different name? ___Yes ___ No

If yes, which employers(s) _____

Employer

Name Worked Under

Employer

Name Worked Under

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) _____

DRIVING RECORD

Do you have a valid driver license? Yes No

State of Issuance: _____ Class of License: (check one) Class A Class B
 Class C Class E

Have you had a suspension or probation of your license within the last five years? Yes No

How many speeding or other moving violations have you received in the past 3 years? _____

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

Date	Location	Description	Result

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.)

REFERENCES

List below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE #	BUSINESS	YEARS KNOWN

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 appointed may result in my dismissal.

I hereby authorize Osceola County Tax Collector 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 appointment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Tax Collector 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 Tax Collector, including, but not limited to, any liability of defamation or invasion of privacy.

If I am offered an appointment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Tax Collector medical examination or inquiry, including a drug screen test. If then appointed, I understand that I will be required to serve a One Hundred and Eighty (180) day probationary period. I further understand that my appointment and compensation can be terminated, with or without cause or notice at any time, regardless of successful completion of my probationary period, at the option of either the Tax Collector's Office or myself. I understand that no supervisor or other representative of the Tax Collector other than the managing partner of the Tax Collector's Office has any authority to enter into any agreement for appointment 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 appointment or my continued appointment that I may be requested by the Tax Collector to submit a urinalysis or other drug 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 appointment, or if I am then appointed, may result in my immediate dismissal.

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

Signature

Date