

PLEASE ANSWER ALL QUESTIONS ON THE APPLICATION COMPLETELY  
PLEASE DO NOT INDICATE "SEE RESUME" EVEN IF YOU  
INCLUDE A RESUME WITH THE APPLICATION

NOTE: This application will be active for six (6) months. If you wish to be considered for employment after six months contact the Brevard County Tax Collector 321.264.6930

**APPLICATION FOR EMPLOYMENT OFFICE OF BREVARD COUNTY TAX COLLECTOR**  
**400 South Street 6<sup>th</sup> Floor**  
**Government Center North**  
**Titusville, FL 32780**

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

**PLEASE PRINT OR TYPE**

Date of Application \_\_\_\_\_ Applying for \_\_\_\_\_  
Month Day Year Position

**PERSONAL DATA**

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

\_\_\_\_\_  
Physical Address: Number Street City State Zip Code

\_\_\_\_\_  
Mailing Address, if different from Physical Address

\_\_\_\_\_  
Telephone Number Home Work Cell

List relatives employed by Brevard County:

\_\_\_\_\_  
Name Relationship Department

\_\_\_\_\_  
Name Relationship Department

Have you ever filed an application with the Tax Collector before? \_\_\_\_\_ When? \_\_\_\_\_

Have you been employed by the Tax Collector's office before? \_\_\_\_\_ When? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, may we contact your present employer? \_\_\_\_\_

Are you eligible for work in the United States? \_\_\_\_\_ Proof of citizenship or immigration status will be required upon employment. All applicants accepted for employment must be in possession of an official Social Security card and must demonstrate their eligibility to work according to Federal Law.

Have you ever been arrested? \_\_\_\_\_ Have you ever been convicted of, or pled guilty, no contest or nolo contendere, had adjudication withheld or been placed in a pre-trial intervention program as a result of being charged with a crime?

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

\_\_\_\_\_  
A "yes" answer to either of the above questions will not necessarily result in denial of employment.

## EDUCATION AND TRAINING

Highest grade completed (High School Diploma, G.E.D., College/University Degree) \_\_\_\_\_

Colleges, Universities, Junior/Community Colleges attended or attending:

Name	City/State	Credit Hrs Earned	Type of Degree
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Business, Technical or Vocational Schools attended or attending:

Name	City/State	Course Hrs/Days Months/Years	Type of Degree
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Other Certifications or Licenses held \_\_\_\_\_

Typing Skills: How many WPM can you type? \_\_\_\_\_

List all office equipment you are experienced in operating and software packages that you use proficiently: \_\_\_\_\_

Indicate any foreign language skills you have, if you speak, read or write the language and your fluency level: \_\_\_\_\_

## REFERENCES

List the name, address and telephone number of three references, which are not related to you and are not previous/present employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date available for employment \_\_\_\_\_

**RECORD OF EMPLOYMENT:** Please complete, in detail, ALL employment and volunteer experience beginning with the present or most recent employer. Account for all periods, including unemployment and any Armed Services experiences. If you were employed under a different name, please indicate that name in the appropriate section. If additional space is required attach additional page(s). If you have a resume, you may attach, however, you are still required to complete all of the requested information.

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Current or Last Employer: \_\_\_\_\_

(Company/Agency Name)

Employer Address: \_\_\_\_\_

Number Street City State Zip

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your job title: \_\_\_\_\_ Employed Name: \_\_\_\_\_

From: \_\_\_\_\_  
Month Year

To: \_\_\_\_\_  
Month Year

Reason for Leaving or Considering Leaving: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Past Employer: \_\_\_\_\_

(Company/Agency Name)

Employer Address: \_\_\_\_\_

Number Street City State Zip

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your job title: \_\_\_\_\_ Employed Name: \_\_\_\_\_

From: \_\_\_\_\_  
Month Year

To: \_\_\_\_\_  
Month Year

Reason for Leaving: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Past Employer: \_\_\_\_\_

(Company/Agency Name)

Employer Address: \_\_\_\_\_

Number Street City State Zip

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your job title: \_\_\_\_\_ Employed Name: \_\_\_\_\_

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

Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Past Employer: \_\_\_\_\_

(Company/Agency Name)

Employer Address: \_\_\_\_\_

Number Street City State Zip

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your job title: \_\_\_\_\_ Employed Name: \_\_\_\_\_

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

Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION CERTIFICATION OF UNDERSTANDING AND RELEASE OF INFORMATION**

I authorize investigation of all statements contained in this application, including a check of my criminal, workers compensation and driving record. I authorize the giving and receiving of any information concerning my character, reputation, past employment and medical history requested by the Tax Collector and hereby relieve and release all former employers and their agents of any liability for any information they may give to the Tax Collector. I hereby authorize the Tax Collector or their agent to provide factual job-related information to potential employers on request.

I hereby certify that all of the facts and information listed on this application, in any attached supplement to the application or in my interview may disqualify me from employment and will be sufficient grounds for immediate dismissal at any time.

I understand that any offer of employment is contingent on my successfully passing a background check and a drug and alcohol screening. I understand that the Tax Collector's policy prohibits alcohol and drug abuse and agree that I may be required to submit to drug and alcohol testing at other times. I understand and agree that my failure or refusal to submit to such testing when requested may prevent my appointment or result in discharge from employment.

I further acknowledge that the first ninety (90) days of employment with the Tax Collector is a probationary period. I understand that no personnel recruiter or other representation of the Brevard County Tax Collector has any authority to enter into any agreement for my services for any specified period of time. I understand that I serve at the discretion of the Tax Collector and that either the Tax Collector or I can terminate the relationship at any time.

I understand that if I am offered employment, I will be required to take the following loyalty oath as a condition of my employment as required by Florida Statutes 876.05 (1). I, \_\_\_\_\_, a citizen of the State of Florida and of the United States of America, and being employed by the Office of the Brevard County Tax Collector, and a recipient of public funds as such employee, do hereby solemnly swear or affirm that I will support the Constitution of the United States of America and of the State of Florida.

I agree that if I am employed by the Tax Collector I will be responsible for any money entrusted to me.

I understand that all information provided herein is public record and subject to review upon request (except for your Social Security number).

I certify that I have read, understand and agree to the stipulations as specified above.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_