



# JOE G. TEDDER, CFC

## TAX COLLECTOR for POLK COUNTY, FLORIDA

### Application For Appointment

We are an equal opportunity employer, dedicated to nondiscrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability or marital status.

#### PERSONAL INFORMATION

Date:  Social Security Number:

Are you 18 years old or older:  YES  NO

Name: Last  First  Middle

Permanent Address:  
 Street Address Apt#  City  State  Zip

Phone Number:  E-mail:

Were you referred to our office?  YES  NO If yes, please list reference:

If you are related to anyone in our employ, please state their name and department:

#### EMERGENCY CONTACT *(In case of emergency, please notify the following individual.)*

Name:  Address:   
 Telephone:  Pager:

#### APPOINTMENT DESIRED

Position:  Date You Can Start:  Salary Desired: \$

Are you employed now?  YES  NO If so, may we inquire of your present employer?  YES  NO

Have you ever applied to this Tax Collector?  YES  NO Where?  When?

Are there any days, shifts or hours you will not work? If yes, please explain:

#### EDUCATION

SCHOOL INFORMATION	Name and Location of School	Degree/Certificate	SUBJECTS STUDIED	GRADE AVERAGE
Grammar School				
High School				
College				
Trade, Business or Correspondence School				
Other (including graduate school):				

**PREVIOUS EMPLOYMENT** *(List below in sequential order all of your employers in the last 10 (ten) years beginning with your current or most recent employer – use additional pages, if necessary.)*

Date Employed Month and Year	Employers Name and Address	Salary	Position & Duties	Reason for Leaving
FROM:				
TO:				
FROM:				
TO:				

Did you work for any of these employers under a different name?  YES  NO

If yes, which employer(s) and under what name(s)?

Please explain any gaps in your employment history:

Have you received any written reprimands or disciplinary suspension 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):

**MILITARY RECORD:**

Were you in the U.S. Armed Forces?  YES  NO If yes, what Branch?

Did you receive any training in the U.S. Armed Forces that is relevant to this office?

Note: Employment in this office will require a copy of your DD214.

**VETERANS PREFERENCE: (Complete this section only if you are claiming Veterans' Preference)**

Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987?  YES  NO

If yes, give name of employer:

**DRIVING RECORD**

Do you have a valid driver's license?  YES  NO

What class of license do you possess?

Last driver's license number and state?

Have you ever had your license or driving privileges revoked, suspended, or placed of probation?  YES  NO

If yes, please explain (include when, where and what action was taken):

How many speeding or other moving violations have you received in the last 3 (three) years?

List below all the traffic violations (except parking) on your record for the last 5 (five) years and all motor vehicle accidents in which you were charged (use additional page if necessary).

DATE	LOCATION	DESCRIPTION	RESULT

## Criminal History

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), disposition, etc.):

Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment)?  YES  NO

If yes, give details (date, place, offense(s) charged, disposition, etc.):

**REFERENCES** (Give below the names of three persons not related to you, who you have known at least one year.)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

## APPOINTMENT APPLICATION

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

If I am offered 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 employed, I understand that I will be required to serve a 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 the successful completion of my probationary period, at the option of either the Tax Collector or myself. I understand that no supervisor or other representative of the Tax Collector other than the Tax Collector 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 of my continued appointment, that I may be requested by the Tax Collector to submit to 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE