



County of Volusia

Employment Application
Equal Opportunity Employer

Personnel Division • 230 North Woodland Blvd. Suite 262 • DeLand, Florida 32720
Telephone: (386) 257-6029 • (386) 736-5951 • (386) 423-3300, Extension 5951
Job Lines: (386) 254-4607 • (386) 736-5921 • (386) 423-3319
Fax (to submit application): (386) 248-8192 • (386) 740-5245 • (386) 423-3331
Fax – Office: (386) 740-5149
 Florida Deaf Relay Service Number (TDD): 1-800-955-8771
 website: <http://volusia.org>

Instructions - Print or Type All Information in Dark Ink

Although resumes may be attached, each experience block **must** be completed as requested.

 (Last Name) (First) (M.I.) (Email Address)

 (Mailing Address, Include Apartment Number)

 (City) (State) (Zip Code)

() - () - () -
 (Residence Phone) (Business Phone) (Cell Phone)

CITIZENSHIP/ AUTHORIZATION TO WORK

The County of Volusia hires only U.S. Citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Are you a U.S. citizen or are you legally authorized to work in the U.S.? YES NO

Position/examination applying for:

1.)

Check the kind of employment you will accept (Check all applicable boxes): Full-time Part-time Temporary

Circle Highest Grade Completed
 1 2 3 4 5 6 7 8 9 10 11 12

Check one: Did not graduate Received high school diploma
 Rec'd GED Issuing Authority/HS:
 Currently in high school

Minimum salary you will accept:
 \$

College or University	Location	Total Credit Hours	Degree Rec'd		Title of Degree Received/Working toward (Copy of diploma/transcript maybe required)	
			Yes	No		
Business/Trade Certificates Licenses/Certifications	Location	Are Licenses/Certifications Current		Total Class HRS	Expiration Date	Specialization/ Subjects Taken
		Yes	No			

Applications that are reviewed as incomplete by the Personnel Division will not be processed

EXPERIENCE: Describe below any employment or occupation you have had, including experience in the **armed forces** or **volunteer** work. **Begin with your present or most recent employment in block #1 and work backward consecutively. Count each promotion as a separate job.** Applicants may be required to furnish satisfactory proof of experience claimed. Be sure to include all relevant details. Use a separate sheet or copy this form, if necessary. Do not leave out any jobs you held during the last 10 years. **DO NOT LEAVE BLANK AND DO NOT STATE "SEE RESUME". Although resumes may be attached, each experience block must be completed.**

1. Dates of Employment TO/PRESENT: Month ___Day ___Year	Firm Name Address City and State
	Your Title Type of Business Name/Title/Phone Number of Immediate Supervisor
FROM: Month ___Day ___Year	<i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Total Hours per Week:	
Annual Salary:	
Start:	
Last:	Reason for Leaving:
2. Dates of Employment TO/PRESENT: Month ___Day ___Year	Firm Name Address City and State
	Your Title Type of Business Name/Title/Phone Number of Immediate Supervisor
FROM: Month ___Day ___Year	<i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Total Hours per Week:	
Annual Salary:	
Start:	
Last:	Reason for Leaving:
3. Dates of Employment TO/PRESENT: Month ___Day ___Year	Firm Name Address City and State
	Your Title Type of Business Name/Title/Phone Number of Immediate Supervisor
FROM: Month ___Day ___Year	<i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Total Hours per Week:	
Annual Salary:	
Start:	
Last:	Reason for Leaving:
4. Dates of Employment TO/PRESENT: Month ___Day ___Year	Firm Name Address City and State
	Your Title Type of Business Name/Title/Phone Number of Immediate Supervisor
FROM: Month ___Day ___Year	<i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Total Hours per Week:	
Annual Salary:	
Start:	
Last:	Reason for Leaving:
5. Dates of Employment TO/PRESENT: Month ___Day ___Year	Firm Name Address City and State
	Your Title Type of Business Name/Title/Phone Number of Immediate Supervisor
FROM: Month ___Day ___Year	<i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Total Hours per Week:	
Annual Salary:	
Start:	
Last:	Reason for Leaving:

6. Dates of Employment TO/PRESENT: Month ___Day ___Year	Firm Name Address City and State
	Your Title Type of Business Name/Title/Phone Number of Immediate Supervisor
FROM: Month ___Day ___Year	<i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Total Hours per Week:	
Annual Salary Start: Last:	Reason for Leaving:
7. Dates of Employment TO/PRESENT: Month ___Day ___Year	Firm Name Address City and State
	Your Title Type of Business Name/Title/Phone Number of Immediate Supervisor
FROM: Month ___Day ___Year	<i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Total Hours per Week:	
Annual Salary Start: Last:	Reason for Leaving:
8. Dates of Employment TO/PRESENT: Month ___Day ___Year	Firm Name Address City and State
	Your Title Type of Business Name/Title/Phone Number of Immediate Supervisor
FROM: Month ___Day ___Year	<i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Total Hours per Week:	
Annual Salary Start: Last:	Reason for Leaving:
9. Dates of Employment TO/PRESENT: Month ___Day ___Year	Firm Name Address City and State
	Your Title Type of Business Name/Title/Phone Number of Immediate Supervisor
FROM: Month ___Day ___Year	<i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Total Hours per Week:	
Annual Salary Start: Last:	Reason for Leaving:
10. Dates of Employment TO/PRESENT: Month ___Day ___Year	Firm Name Address City and State
	Your Title Type of Business Name/Title/Phone Number of Immediate Supervisor
FROM: Month ___Day ___Year	<i>Duties:</i> Describe the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Total Hours per Week:	
Annual Salary Start: Last:	Reason for Leaving:

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

The County of Volusia collects your social security number and may disclose your social security number to a commercial entity in order to comply with Section 119.071(5), Florida Statutes, for the following purposes, including but not limited to: background investigations, consumer credit, criminal record and/or driving history checks; drug testing administration; confidential medical documentation; benefit processing; pension and workers' compensation; payroll processing; tax reporting; and/or for use in identification of County employees for any purpose allowed under law not limited by protection under state or federal privacy laws. Social security numbers are also used as a unique numeric identifier and may be used for verification or search purposes. The County may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.

I have read and understand the SSN statement. YES NO

FLORIDA RETIREMENT SYSTEM (FRS)

NOTE: If you have retired from the **Florida Retirement System** within the last 12 months, you **MUST** notify the County of Volusia Personnel Division prior to accepting any position to avoid repaying FRS for monies already received. You are retired if you are receiving monthly benefits under the FRS Pension Plan or have taken any distribution under the FRS Investment Plan or optional non-FRS plans (e.g. CCORP, SSUSORP, or SMSOAP).

I have read and understand the FRS statement. YES NO

ARE YOU APPLYING FOR VETERAN'S PREFERENCE: YES NO BRANCH OF SERVICE: _____

DATES OF SERVICE: FROM _____ TO _____

Veteran's Preference: Documentation substantiating your claim (e.g. DD-214 member 4 form and/or letter establishing eligibility to receive disability compensation from the Department of Defense or equivalent certification) must be furnished at the time of application.

NOTE: Under Florida law, preference in appointment shall be given to those persons with a service-connected disability who are receiving compensation, disability retirement, or pension, or the spouse of any veteran who cannot qualify for employment because of TOTAL AND PERMANENT DISABILITY, or the spouse of any veteran missing in action, captured, or forcibly detained by a foreign power or a veteran in receipt of any Armed Forces Expeditionary Medal. If the applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, P.O. Box 31003, St Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision by the employing agency. If not notified, the complaint must be filed within three (3) calendar months from date application is received by the County of Volusia, Personnel Division.

Have you ever been convicted pleaded guilty or Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? YES NO

A "YES" answer will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered. If you are not sure or do not remember what happened in a criminal case (s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. Failure to accurately report this information may result in disqualification or discharge at any time.

If yes, please give details? (attach additional sheet if necessary)	Date of conviction

Do you have a Florida Drivers License: Yes No Class Code: _____ Endorsements: _____

Do you have a Florida Commercial Drivers License? Yes No Class Code: _____ Endorsements: _____

Have you ever been convicted by court-martial? Yes No If yes, explain for what, where and when _____

Have you ever been employed by Volusia County Government? Yes No If yes, where and when: _____

Are any members of your family or relatives employed by the County? Yes No If yes, give name and position: _____

1. Have you ever been discharged/fired from employment? Yes No

2. Have you ever resigned/quit after being informed that your employer intended to discharge/fire you? Yes No

(If yes, please attach explanation to include employer name, address, date)

Signature Certification and Release of Information:

YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN:

If employed by the County of Volusia, I agree to comply with all its orders, rules and regulations. I authorize the County of Volusia to make investigations as to my character, employment record, criminal record, credit history (pursuant to the Fair Credit Reporting Act), or matters as may be deemed necessary in arriving at an employment decision. I hereby authorize former employers, law enforcement agencies, and other agencies and institutions to release employment, financial, criminal and other types of background information to the County of Volusia and release these parties from all liability for any damage whatsoever that may ensue from furnishing such information. I am aware that this application is subject to the provision of F.S. Ch.119 and as a "Public Record", may be open for personal inspection by any person. I understand that any offer of employment is conditional upon my taking and passing a pre-employment physical examination which includes a drug screening test. I understand that if I should become a employee, that upon termination of employment, I will return all property assigned to me by the County of Volusia.

I certify that each answer to any question/statement herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject matter. I understand that any incorrect, incomplete, or false statements or information furnished by me, may subject me to disqualification or to discharge at any time.

Signature (Sign application in dark ink):

Date signed (month, date, year):

COUNTY OF VOLUSIA

SUPPLEMENTAL SHEET (OPTIONAL)

The Federal Government requires the County of Volusia to submit statistical data to show applicant flow, hire rates and promotional patterns. This form will be removed from your application packet and will remain confidential in the Personnel Division. Information on this form will not be used to make employment decisions.

NAME: _____ DATE: _____

POSITION APPLIED FOR: _____

WHAT DO YOU PERCEIVE YOURSELF TO BE? (CHECK ONLY ONE BLOCK FOR EACH OF THE 3 CATEGORIES BELOW)

1. RACE: AMERICAN INDIAN/ALASKAN ASIAN/PACIFIC ISLANDER BLACK HISPANIC WHITE OTHER

2. SEX: FEMALE MALE

3. DISABILITY: APPLICABLE NOT APPLICABLE

You are not required to disclose information about a physical or mental disability. However, you may voluntarily disclose those that have an impact on your ability to perform the essential duties of the job. If you require accommodations to complete a County examination or interview; please inform Personnel. Such requests for accommodation should be made at least 48 hours before the examination or interview. You may voluntarily identify your physical or mental disability in the space provided below and suggest the kind of accommodation you believe would be appropriate.

STATE DISABILITY: _____

I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION OF _____ WITH THE
(STATE POSITION)
FOLLOWING ACCOMODATION(S): _____

VETERAN INFORMATION

(REQUIRED IF CLAIMING VETERANS PREFERENCE)

Veterans Preference: Documentation substantiating your claim (e.g. DD-214 (member 4 form) or military discharge paper and/or letter establishing eligibility to receive disability compensation from the Department of Defense or equivalent certification) must be furnished at the time of application.

Veterans' Preference is not a single entitlement event. Persons who were previously ineligible for preference because they held a job with a public employer are now eligible to use their veterans' preference again upon initial appointment with all employers covered by law.

Persons who were previously ineligible for preference because they did not serve during an eligible wartime period may now be eligible for Veterans' Preference if they served during Operation Enduring Freedom (beginning October 7, 2001-present) or Operation Iraqi Freedom (beginning March 19, 2003-present).

- 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. Veteran's Administration and the Department of Defense; or
- 2. The spouse of any veteran who cannot qualify for employment because of a TOTAL AND PERMANENT DISABILITY, or the spouse of any veteran missing in action, captured, or forcibly detained by a foreign power; or
- 3. A veteran who has served on active duty for one (1) day or more and who was honorably discharged from the Armed Forces of the United States of America, if such active duty was performed during a wartime era, excluding active duty for training; or
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.
- 5. A Veteran in receipt of any Armed Forces Expeditionary Medal.

Branch of Service: _____

Date of Entry: _____ Date of Discharge: _____

Type of Discharge: Honorable Dishonorable Other _____