



STATE OF FLORIDA
LEE COUNTY PROPERTY APPRAISER
 KENNETH M. WILKINSON, C.F.A.



P.O. Box 1546 Fort Myers, Florida 33902-1546
 Telephone: (239) 533-6100 Website: www.leepa.org

Application for Employment

EQUAL OPPORTUNITY EMPLOYER

Date:		
Last Name:	First:	Middle:
Home Phone:		
Street Address:		Alternate Phone:
City, State, Zip Code:		Former Name(s):
Are you legally eligible for employment in the United States?		Email Address:
Have you ever worked for us before? _____ If yes, when? _____		
List any relatives working for us:		
<u>ATTENTION: FRS PENSION PLAN & INVESTMENT PLAN MEMBERS</u>		
If you retired from the Florida Retirement System (FRS) Pension Plan or have taken a distribution from the FRS Investment Plan please be aware that, as a re-employed individual with an FRS-covered employer, you are <u>NOT</u> eligible for re-employment in either the FRS Pension or Investment Plans.		
Position for which you are applying:		
Salary Expected:	Date you can begin:	
How did you learn of this position? (please specify)		

Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
COMPLETE THIS SECTION <u>ONLY</u> if a driver's license is REQUIRED for this position (as advertised).
Driver's License Information:
State: _____ Type: _____ Exp. Date: _____
List all traffic violations in the last three years:
Had a driver's license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:

VETERANS PREFERENCE

DO YOU WISH TO CLAIM VETERANS' PREFERENCE? IF YES, YOU MUST INCLUDE A COPY OF YOUR DD214. Yes No

If you claim Veteran's Preference, you must submit required documentation at the time you apply for employment (late submissions will NOT be accepted.) Please fax a copy of your DD214 to (239) 533-6160, drop it off to our office at 2480 Thompson Street, 4th Floor, Fort Myers, FL 33901 or mail a copy to P.O. Box 1546, Fort Myers, FL 33902 [all to the attention of the HR Department.]

If any preference eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of the hiring decision. If a notice of a hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

HIGH SCHOOL EDUCATION

SCHOOL ATTENDED:

LOCATION (City, State):

DID YOU GRADUATE? Yes No

If "No" did you receive a high school equivalency certificate or diploma?

ADDITIONAL OR OTHER EDUCATION

DATES: From: To:	SCHOOL NAME:	
MAJOR:	LOCATION: (City, State)	
HIGHEST GRADE COMPLETED	DID YOU GRADUATE?	DEGREE RECEIVED:

DATES: From: To:	SCHOOL NAME:	
MAJOR:	LOCATION: (City, State)	
HIGHEST GRADE COMPLETED	DID YOU GRADUATE?	DEGREE RECEIVED:

SKILLS, LICENSES, CERTIFICATIONS, PROFESSIONAL MEMBERSHIPS

List relevant computer skills and proficiency level, licenses, certifications & professional memberships:

EMPLOYMENT

Below, please describe past and present positions, beginning with current or most recent employer. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Dates worked From:	To:	Position Title:
Employer Name and Address:		
Supervisor:	Phone Number:	May we contact this employer?
Salary:	Hours per week:	
Reason for leaving:		
Duties:		
Dates worked From:	To:	Position Title:
Employer Name and Address:		
Supervisor:	Phone Number:	May we contact this employer?
Salary:	Hours per week:	
Reason for leaving:		
Duties:		
Dates worked From:	To:	Position Title:
Employer Name and Address:		
Supervisor:	Phone Number:	May we contact employer?
Salary:	Hours per week:	
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Duties:		

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Supervisor:	Phone Number:	May we contact employer?
Salary:	Hours per week:	
Reason for leaving:		
Duties:		

Why do you feel you are qualified for this position?
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APPLICANT'S CERTIFICATION AND AGREEMENT

Pursuant to Chapter 119, Fla. Statutes and the procedure adopted by Lee County Property Appraiser's office, personnel records and job applications shall be open for a personal inspection by any person.

STATEMENT OF APPLICANT – I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employ, together with all employment-related information they may have concerning me. I also authorize educational institutions to furnish their records of education-related information they may have concerning me.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I agree to pre-employment testing and understand that failure to meet any job-related medical and/or health requirements, including testing for the presence of alcohol or illegal substances may circumvent any offer of employment.

I understand that, if hired, I will be placed on a 6-month probationary period. I may be discharged or laid off before the expiration of that period without recourse, in accordance with Lee County Property Appraiser's Office Policies and Procedures.

I hereby certify by my signature below that the facts set forth in the above employment application are true and complete to the best of my knowledge.

Signature of Applicant: _____	Date: _____
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This application will be in effect for 60 days from the date signed above.