



MARTIN COUNTY PROPERTY APPRAISER EMPLOYMENT APPLICATION

1111 SE Federal Highway, #330, Stuart, FL 34994

Phone: (772) 288-5608 Fax: (772) 221-1346

We consider applicants for all positions without regard of race, color, religion, creed, gender, origin, age, disability, marital status, or any other legally protected status. We afford veteran preference when applicable. Resumes are not accepted in lieu of completion of this application.

| | | | |
|--|-------------|--|--|
| Position Applied for: | | Date: | |
| Last Name: | First Name: | Middle Name: | |
| Address (City, State, Zip code) _____ | | | |
| Telephone Number (s) _____ | | | |
| Have you ever been employed by Martin County or any Martin County government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please list the agencies and dates: _____ | | | |
| Please list relative(s) employed by Martin County or any Martin County government agency: _____ | | | |
| Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If not, do you have the necessary resident alien work permits for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If hired, proof of citizenship or immigration status will be required upon employment. | | | |
| Are you claiming a Veterans' Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, you must complete the Veteran's Preference portion of this Employment Application and submit required documentation. | | | |
| Are you currently employed? ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, may we contact your current employer? ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| On what date would you be available for work? | | Are you available to work? | |
| | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary | |
| Are you physically or otherwise unable to perform the duties of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Can you get to work on time? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you understand that consistent attendance and dependability are essential requirements of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Can you work the regular hours, overtime and occasional weekend work to meet operational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Have you ever been convicted of, pled no contest to, had an adjudication withheld, entered a pretrial intervention program, or been placed on court ordered probation for a criminal offense, including misdemeanors? Yes No

If yes, state the nature of the offense(s), the date(s), the city and state and disposition of the offense. A conviction record will not necessarily be a bar to employment. The nature, date, disposition of the offense, and other factors deemed relevant by the employer will be considered.

List below all traffic (except parking), speeding, or other moving violations, and all motor vehicle accidents in which you were involved. List any and all arrests and/or related matters which may be treated as a DUI and/or reckless driving.

(Date) (Location) (Description) (Result)

Has your license ever been suspended or revoked? Yes No If yes, what year? _____

In what State? _____ Why? _____

EMPLOYMENT HISTORY

| | | |
|---|--------------------|-------------|
| Name of Present or Last Employer: | | |
| Address: | Phone Number: | |
| Job Title: | Supervisor's Name: | |
| Dates Employed: | Hours Per Week: | |
| Duties and Responsibilities: <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| Reason for Leaving: | Starting Pay; | Ending Pay: |

EMPLOYMENT HISTORY (continued)

| | | |
|--|--------------------|-------------|
| Name of Present or Last Employer: | | |
| Address: | Phone Number: | |
| Job Title: | Supervisor's Name: | |
| Dates Employed: | Hours Per Week: | |
| Duties and Responsibilities: | | |
| <hr/> <hr/> <hr/> | | |
| Reason for Leaving: | Starting Pay: | Ending Pay: |
| Name of Present or Last Employer: | | |
| Address: | Phone Number: | |
| Job Title: | Supervisor's Name: | |
| Dates Employed: | Hours Per Week: | |
| Duties and Responsibilities: | | |
| <hr/> <hr/> <hr/> | | |
| Reason for Leaving: | Starting Pay: | Ending Pay: |
| Name of Present or Last Employer: | | |
| Address: | Phone Number: | |
| Job Title: | Supervisor's Name: | |
| Dates Employed: | Hours Per Week: | |
| Duties and Responsibilities: | | |
| <hr/> <hr/> <hr/> | | |
| Reason for Leaving: | Starting Pay: | Ending Pay: |

EDUCATION AND TRAINING

| | | | | | |
|---|------------|-----------------------------------|--|--------------------------------|--|
| High School | | | | | |
| Name of School: Location: Dates of Attendance: | | | Received: <input type="checkbox"/> Diploma <input type="checkbox"/> None <input type="checkbox"/> Other (Specify) | | |
| Your name, if different, while attending school: | | | | | |
| College, University or Professional School | | | | | |
| Name of School | Location | Dates of Attendance Month/Year | Credit Hours Earned | Major/Minor Course of Study | Degree Earned |
| | | | | | |
| | | | | | |
| Your name, if different, while attending school: | | | | | |
| Job-Related Training or Course Work (Vocational, Trade, Governmental, Business, Armed Forces, Etc.) | | | | | |
| Name of School | Location | Dates of Attendance | Credit Hours Earned | Course of Study | Training Completed? |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Your name, if difference, while attending? | | | | | |
| Licensure, Registration, Certification (Examples: Teach certification, RN, LPN, PE, CPA, etc.) | | | | | |
| License, Registration or Certification | Number | Date Received | Expiration | State Licensing Agency | |
| | | | | | |
| | | | | | |
| Special Skills (Examples: Computers, Office Machines, etc.) | | | | | |
| | | | | | |
| | | | | | |
| References: Please list three professional references (Please do not include family members) | | | | | |
| Name | Occupation | Phone Number | Number of Years Known | | |
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APPLICANT'S STATEMENT

I hereby certify that all of the facts and information listed on this employment 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 employed may result in my dismissal.

I hereby authorize the office 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 Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Property Appraiser 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 Property Appraiser, including but not limited to, any liability for defamation or invasion of privacy. I further authorize any investigation of my driving record, driver's license and related information.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day training period. I further understand that my employment is at the discretion of the Property Appraiser and compensation and employment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the Property Appraiser or me. I understand that no supervisor or other representative of the Property Appraiser has any authority to enter into any agreement for employment 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 work or my continued employment that I may be requested by the office to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such a test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for work, or if I am then working, may result in my immediate dismissal.

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

Signature

Date

Print Name

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
 State Community College Optional Retirement Program (SCCORP) Senior Management Service Optional Annuity Program (SMSOAP)
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

SIGNATURE

DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.

VETERAN'S PREFERENCE INFORMATION

| |
|-----------------------|
| Name: |
| Position Applied For: |

If you are claiming Veterans' Preference, you must indicate the preference eligibility category that applies to you, below. Please circle the number that pertains to you and provide the necessary documentation as indicated. All required documentation must be received by the Martin County Property Appraiser's Office prior to the closing date of the vacant position in order for the information to be evaluated and Veterans' Preference applied.

1. A veteran who has served on active duty in any branch of the U.S. Armed Forces and who presently has an existing service-connected disability which is compensable under public laws administered by the U.S. Department of Veterans' Affairs or is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense; or
2. The spouse of a veteran who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment, or the spouse of a veteran who is missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power; or
3. A veteran of any war who has served at least one day during that war time period on active duty as defined by the Act, excluding active duty for training, or who has been awarded a campaign or expeditionary medal; or
4. The unmarried widow or widower of a veteran who died of a service-connected disability; or
5. The mother, father, legal guardian, or unmarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense; or
6. A veteran who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only, or who later received an upgraded discharge under honorable conditions. "Active Duty for Training" may not be allowed under this paragraph; or
7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

A DD214 Form or comparable documents, which serve as a certificate of honorable service, release or discharge, must be furnished at the time you submit your Employment Application. A general discharge will not qualify someone for Veterans' Preference. In addition, applicants must furnish supporting documentation as appropriate for the type of preference claimed, above, in accordance with the provisions of Rule 55A-7.013, Florida Administrative Code. Wartime period are defined in Section 1.01(14), Florida Statutes.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs within 21 calendar days from the date after receiving notice of the hiring decision made by the hiring agency, or if no notice is given then within 3 months of the date the application is filed with the employer.

Veterans' Preference Claim

If eligible, which Veterans' Preference category are you claiming? (Please indicate number from Veterans' Preference information section above).

1 2 3 4 5 6 7

Have you ever been employed by any governmental entity within the state of Florida? Yes No

NOTE: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by **furnishing a DD214 Form** (Certificate of Release of Discharge from Active Duty) and any other required supporting documentation with your Employment Application).

| |
|------------|
| Signature: |
| Date: |

AUTHORIZATION OF BACKGROUND INVESTIGATION

By my signature below, I consent to the preparation of background reports by a consumer reporting agency such as Janus Investigations, and to the release of such background reports to Martin County Property Appraiser and its designated representatives and agents, for the purpose of assisting in Martin County Property Appraiser making a determination as to my eligibility for employment (including independent contractor assignments, as applicable) promotion, retention or for other lawful employment purposes. I understand that if Martin County Property Appraiser hires me or contracts for my services, my consent will apply, and Martin County Property Appraiser may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle record agencies, my past or present employers, the military, worker's compensation agencies, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. I understand that I may be required to take a drug test before or during employment.

By my signature below, I also certify the information I provided on and in connection with this form are accurate and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of Martin County Property Appraiser.

PLEASE PRINT CLEARLY

FULL NAME: _____ **SSN:** _____ - _____ - _____

Other Names and/or SSN Used: _____

Current Address: _____

Street Address City State Zip

LIST ALL ADDRESSES FOR PAST 7 YEARS: (__ check here if more on reverse)

| | | | |
|--------------|----------------|--------------|----------------|
| _____ | | _____ | |
| Dates | Address | Dates | Address |
| _____ | | _____ | |
| Dates | Address | Dates | Address |
| _____ | | _____ | |
| Dates | Address | Dates | Address |

DRIVER'S LICENSE #: _____ **STATE:** _____

DATE OF BIRTH: _____ **PHONE NUMBER:** _____

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A CRIME? ___YES ___NO

This includes but is not limited to pleas of guilty, nollo contendere, no contest, adjudication withheld, and pre trial intervention programs

IF YES, PLEASE LIST ALL OFFENSES, INCLUDING TRAFFIC AND/OR CRIMINAL

| | | | | |
|-------------|----------------|-------------|---------------|--------------|
| _____ | | _____ | | |
| Year | Offense | City | County | State |
| _____ | | _____ | | |
| Year | Offense | City | County | State |

MAY WE CONTACT YOUR CURRENT EMPLOYER? ___ YES ___ NO

Signature _____ **Date** _____