



# MARTIN COUNTY PROPERTY APPRAISER EMPLOYMENT APPLICATION

3473 SE Willoughby Blvd., Suite 101, Stuart, FL 34994

Phone: (772) 288-5608 Fax: (772) 288-5993

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 fully capable of performing 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: _____ _____ _____ _____ _____		
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/> <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/> <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/> <hr/>		
Reason for Leaving:	Starting Pay:	Ending Pay:

## EDUCATION AND TRAINING

<b>High School</b>					
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:					
<b>College, University or Professional School</b>					
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:					
<b>Job-Related Training or Course Work      (Vocational, Trade, Governmental, Business, Armed Forces, Etc.)</b>					
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?					
<b>Licensure, Registration, Certification      (Examples: Teach certification, RN, LPN, PE, CPA, etc.)</b>					
License, Registration or Certification	Number	Date Received	Expiration	State Licensing Agency	
<b>Special Skills      (Examples: Computers, Office Machines, etc.)</b>					
<b>References: Please list three professional references      (Please do not include family members)</b>					
Name	Occupation	Phone Number	Number of Years Known		

## 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 or revocation of an offer of employment or decision to hire. I expressly understand and agree that any 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 and probationary 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 and probationary 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, result in my immediate dismissal.

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

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Signature

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Date

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Print Name



Florida Retirement System

## FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

<b>1</b>	<b>Enter Your Info</b> PLEASE PRINT	NAME _____ CURRENT AGENCY NAME _____	SOCIAL SECURITY NUMBER _____ PREVIOUS AGENCY NAME _____						
<b>2</b>	<b>Confirm Prior Membership</b>	<b>Have you ever been a member of a State of Florida-administered retirement plan?</b> <input type="checkbox"/> No, I have <u>never</u> been a member of a State of Florida-administered retirement plan. If No, skip to section 4. <input type="checkbox"/> Yes, I have been a member of a State of Florida-administered retirement plan. If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3. <table border="0"><tr><td><input type="checkbox"/> FRS Pension Plan (including DROP)</td><td><input type="checkbox"/> FRS Investment Plan</td></tr><tr><td><input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)</td><td><input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)</td></tr><tr><td><input type="checkbox"/> State University System Optional Retirement Program (SUSORP)</td><td><input type="checkbox"/> Other _____</td></tr></table>		<input type="checkbox"/> FRS Pension Plan (including DROP)	<input type="checkbox"/> FRS Investment Plan	<input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)	<input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)	<input type="checkbox"/> State University System Optional Retirement Program (SUSORP)	<input type="checkbox"/> Other _____
<input type="checkbox"/> FRS Pension Plan (including DROP)	<input type="checkbox"/> FRS Investment Plan								
<input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)	<input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)								
<input type="checkbox"/> State University System Optional Retirement Program (SUSORP)	<input type="checkbox"/> Other _____								
<b>3</b>	<b>Confirm Retiree Status</b>	<b>Are you retired from a State of Florida-administered plan? You are considered retired if:</b> - You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP. - You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.  <input type="checkbox"/> No, I am not retired from a State of Florida-administered plan. I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information. <input type="checkbox"/> Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment. If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.  DATE _____							
<b>4</b>	<b>Sign Here</b>	By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.  SIGNATURE _____ DATE _____							

**Questions?** Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.



## Review the Following Important Information Carefully

- If you are a Pension Plan retiree, you understand:
  - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
  - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.
- If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:
  - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
  - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, but is not limited to, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid 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 overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

## 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, nolo contendere, no contest, adjudication withheld, and pretrial 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 \_\_\_\_\_



## 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 disabled veteran who has served on active duty in any branch of the U.S. Armed Forces, has received an honorable discharge, and has established a present existence of a service-connected disability that is compensable under public laws administered by the U.S. Department of Veterans Affairs; or who 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 disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, or the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power; or
3. A wartime veteran as defined in Section 1.01(14), Florida Statutes, who has served at least one day during a wartime period. Active duty for training may not be allowed for eligibility under this paragraph; or
4. The unremarried widow or widower of a veteran who died of a service-connected disability; or
5. The mother, father, legal guardian, or unremarried widow or widower of a service member of the U.S. Armed Forces who died in the line of duty under combat-related conditions, as verified by the U.S. Department of Defense; or
6. A veteran as defined in Section 1.01(14), Florida Statutes; 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.

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### 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: