



David A. Williams, CFA
DeSoto County Property Appraiser

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If yes, when?
Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address: _____
From: To: Did you graduate? YES NO Degree: _____
College: Address: _____
From: To: Did you graduate? YES NO Degree: _____
Other: Address: _____
From: To: Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Prior Terminations

- Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes No

If Yes, please provide the name of the employer and the reason for termination. _____

- Do you agree that the reason given for your termination was valid? Yes No

Veterans Preference

Check the appropriate block if you are claiming Veteran's preference. Documentation substantiating your claim must be furnished at the time of application.

1. Disabled veterans who have served on active duty in any branch of the Armed Forces and who have a presently existing service-connected disability which is compensable under public laws administered by the VA or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the VA of the Department of Defense.
2. The spouse of any person who has a total and permanent service-connected disability and who, because of the disability, cannot qualify for employment or who is missing in action, captured in line of duty by hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
3. A veteran, released under honorable conditions, who served at least one day of active duty during one of the following wartime periods: Spanish American War, Mexican Border Period, World War I, World War II, Korean Conflict, Vietnam Era or the Persian Gulf War. (See Florida Statute 1.01(14) for exact dates of the above war periods.)
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran's preference since October 1, 1987? YES NO

Note: Under Florida law, preference in appointment shall be given by State first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he or she may file a complaint with the Division of Veteran's Affairs, PO Box 1437, St. Petersburg, FL 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or at any time if no notice is given.

I certify that I have not knowingly withheld any information requested in completing this application and I understand that misrepresentation or failure to disclose all information requested by me in this application will result in rejection of the application or dismissal from the DeSoto County Property Appraiser's Office when later discovered. I authorize the DeSoto County Property Appraiser to conduct an investigation of the contents of this application and I specifically authorize any agency or person or entity to provide the DeSoto County Property Appraiser any information about me either considers in their discretion to be relevant to my past, present, or future employment.

Signature: _____ Date: _____