

(850) 547-1119 PHONE - (850) 547-4134 FAX

We are proud to be an Equal Employment Opportunity, Drug-free Workplace and Veteran's Preference employer.

We consider applicants for all positions without regard to race, color, gender, marital status, religion, creed, national origin, political opinions or affiliations, the presence of a non-job-related medical condition or disability, Veteran status or any other legally protected status. The information requested on this application is required by law and or by the Holmes County Commission's personnel rules and regulations and is necessary to be evaluated for employment with the Board. In accordance with the Americans with Disabilities Act (ADA) we provide reasonable accommodation upon request, Drug Free Workplace Policy: In accordance with F.S.S. 112, Holmes County Board of County Commissioners is a drug-free workplace. Applicants and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty; and (5) follow up on routine fitness for duty. Drug and alcohol testing of employees required to hold commercial driver licenses (CDL's) is conducted per federal law and regulation 49 CFR Part 382.103/107. All information provided is verified. If employed, this document becomes part of your permanent personnel file. Falsification of any information precludes you from or is grounds for immediate termination of employment.

| ` | INT OR TYPE) | | Date of Application | | | | |
|---|--|---|--|--|---------------------------------|--|--|
| Position Applied For: (check only one) _ | | notice to your c | ☐ Part T | ime yer? Y N | □ Тетр | | |
| This applicati does not applincomplete ap meet the mini engineer, OF | ly. A resume may opplications will not imum requirement. FICIAL transcripts | be attached but to be considered. It s of the position | and signed. Ple does not substituction | ase indicate NA ute for a fully cor r application all | ompleted appli documentation | e) in any section that cation. Unsigned or supporting that you on as a professional | |
| Name | Last | | First | | Mide | dle | |
| Address Nu | mber | Street | | City | State | Zip Code | |
| Telephone (| | Cell |] | Email | | | |
| • | e a valid Florida ck Class: | driver license? | YesN □ C | | E | | |
| 1. 2. 3. 4. 5. 6. 7. | Have you ever be Are you currently Have you ever contained Have you ever performed Have you currently Have you ever be have y | ly under arrest po committed a crim bled nolo contence withheld adjudi ly using illegal d | ending trial or a e for which you lere (no contest cation after you rugs? or asked to resig | djudication? I were not arrest to a crime? Were charged were charged were many prevention. | ted or convicted with a crime? | nent? | |



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If you answered "yes" to any of the questions in the section above, attach an additional page(s) to this application explaining the circumstances. Note: Answering "yes" to any of the questions above may not necessarily disqualify you from consideration for employment with the HCBCC. Each explanation is evaluated in relation to the position for which you are applying.

<u>WORK HISTORY</u>. Begin with your current or most recent employer and provide your complete work history. Attach additional pages as necessary. Applications indicating "See attached resume" will not be considered.

| Employer | Telephone | | | |
|----------------------|--------------------|--------------------|---------------------------------------|--|
| Address | JOD THE | | | |
| Work Performed | | | · · · · · · · · · · · · · · · · · · · | |
| Dates Employed From: | To: | Last Salary: | | |
| Supervisor | Reason for leaving | | | |
| Employer | | Telephone | | |
| Address | Job Title | | | |
| Work Performed | | | | |
| Dates Employed From: | To: | Last Salary: | | |
| | Reason for leaving | | | |
| Employer | | Telephone | | |
| Address | Job Title | | | |
| Work Performed | | | | |
| Dates Employed From: | To: | Last Salary: | | |
| | | Reason for leaving | | |
| | | | | |
| Employer | Telephone | | | |
| Address | Job Title | | | |
| Work Performed | | | | |
| Dates Employed From: | | Last Salary: | | |
| Supervisor | Reason for leaving | | | |
| | | | | |



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| May Holmes County co provided? Yes | | s listed above in order to v | verify the information | you have | |
|--|--|---|---|-----------------|--|
| | | cial skills and qualification | ns) | | |
| EDUCATION HIGH SCHOOL Name | | | | | |
| Highest Grade Complete | d | Diploma: Yes / No GED | or Equivalency: Yes / | No | |
| COLLEGE/UNIVERSI | ITY Name/City/Sta | ate: | | | |
| Dates Attended | | Hours | s Earned | | |
| Date Degree Awarded Major Course of Study | | Degree: AA, AS, BS, MS, PhD | | | |
| | | Name/City/State: | | | |
| | | | Hours Earned | | |
| | | Degree: AA, AS, BS, MS, PhD | | | |
| Major Course of Study_ | | | | | |
| | | r Certifications: License, | | | |
| Number: | Date Receive | ed:Date E | xpires: | | |
| of County Commissioners documents may be cause fo (Under Florida's Governm Holmes County Board of Co I authorize the Holmes Co | made in this application is employs me, any more termination. The embedding is embedding in the embedding is embedding in the embedding in the embedding in the embedding is embedding in the em | cant's statement on are true. I further acknowl nisstatements of fact contain aw, applications for employm are subject to public disclosicy Commissioners to make la all of those supplying informations. | need in this application nent with a public agency ure. Wful inquiries regarding | or supporting | |
| Applicant's Signature | | | Date | | |
| PROFESSIONAL RE | FERENCES: Excl | ude friends or relatives. | Dhara an Call | Vacus | |
| Name: | Occupation: | Complete Address: | Phone or Cell Number: | Years Known: | |
| Maine. | Оссираноп. | Compiete Mairess. | TAUIIIDCI . | IXIIO WII. | |
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Exemption from Public Disclosure Florida Statutes Sections 119.071, 493.6122 and 633.35

Please complete this form only if you are claiming exemption from public disclosure of your home address and personal contact information under these statutes. Name: ____ Address: ______ Zip Code: ______ Phone: I request that my home address and personal contact information given to the Holmes County Board of Commissioner's Office be held in confidence, pursuant to Sections 119.071(2)(h)1, 119.07(4)(d)1-6, 493.6122 and 633.35, Florida Statutes, because I belong to the following qualifying category: (please check applicable box below): Active or former law enforcement personnel, and/or their spouse or child ☐ Active or former Correctional Office or Probation Officer, and/or their spouse or child ☐ Active or former Juvenile Probation Officer, Supervisor and Personnel and/or their spouse or child ☐ Active or former investigative personnel of the Department of Children and Family Services ☐ Active or former investigative personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect ☐ Active or former revenue and support enforcement personnel of the Department of Revenue, and/or their spouse or child ☐ Active Firefighter certified pursuant to FL Stat. 633.35, and/or their spouse or child ☐ State or County Court Judge, and/or their spouse or child ☐ Active or former State Attorneys, Assistant State Attorneys, Statewide Prosecutors or Assistant Statewide Prosecutors, and/or their spouse or child ☐ Active or former United States Attorneys and Assistant State Attorneys, and/or their spouse or child ☐ Active or former Federal Judges or Magistrates, and/or their spouse or child ☐ Active or former General Magistrates, Special Magistrates, Judges of Compensation Claims, Administrative Law Judges & Child Support Enforcement Hearing Officers and/or their spouse or child ☐ Active or former Code Enforcement Officers, and/or their spouse or child ☐ Active or former Guardian Ad Litem, and/or their spouse or child in accordance with Sec 39.820. F.S. ☐ Active or former human resource, public relations or employee relations directors, assistant directors, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration or other personnel-related duties, and/or their spouse or child ☐ Current or former public defenders, assistant public defenders, criminal conflict & civil regional counsel and assistant criminal conflict and civil regional counsel, as well as their spouses and children ☐ Private Investigator/Recovery Agent holding a current Class C, CC, E, EE license in accordance with Sec. 496.6122. F. S. (A copy of this license must accompany this request) □ Victim of sexual battery, lewed lascivious offense committed upon or in the presence of a person less than 16 years of age, child abuse or victim of any sexual offense. (Must include official verification that an applicable crime has occurred) □ Victim of domestic violence, aggravated stalking, harassment or aggravated battery. (Must include official verification that an applicable crime has occurred)