

HOLMES COUNTY BOARD OF COMMISSIONER
107 E. VIRGINIA AVE, BONIFAY FL, 32425
(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.

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 HCBC. Each explanation is evaluated in relation to the position for which you are applying.

WORK HISTORY. 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 _____ Job Title _____
 Work Performed _____

Dates Employed From: _____ To: _____ Last Salary: _____
 Supervisor _____ Reason for leaving _____

Employer _____ Telephone _____
 Address _____ Job Title _____
 Work Performed _____

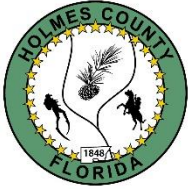
Dates Employed From: _____ To: _____ Last Salary: _____
 Supervisor _____ Reason for leaving _____

Employer _____ Telephone _____
 Address _____ Job Title _____
 Work Performed _____

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May Holmes County contact the employers listed above in order to verify the information you have provided? Yes _____ No _____

Skills and Qualifications: (Summarize special skills and qualifications) _____

EDUCATION

HIGH SCHOOL | Name/City/State: _____
 Highest Grade Completed _____ Diploma: Yes / No GED or Equivalency: Yes / No
 Your name if different than on application: _____

COLLEGE/UNIVERSITY | Name/City/State: _____
 Dates Attended _____ Hours Earned _____
 Date Degree Awarded _____ Degree: AA, AS, BS, MS, PhD
 Major Course of Study _____

TECHNICAL/VOCATIONAL SCHOOL | Name/City/State: _____
 Dates Attended _____ Hours Earned _____
 Date Degree Awarded _____ Degree: AA, AS, BS, MS, PhD
 Major Course of Study _____

List Any Current Licenses, Registrations or Certifications: License, Registration or Certification Number: _____ Date Received: _____ Date Expires: _____

APPLICANT'S STATEMENT

I certify that all statements made in this application are true. I further acknowledge that if the Holmes County Board of County Commissioners employs me, any misstatements of fact contained in this application or supporting documents may be cause for termination.

(Under Florida's Government-in-the-Sunshine Law, applications for employment with a public agency (such as the Holmes County Board of County Commissioners) are subject to public disclosure.

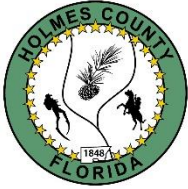
I authorize the Holmes County Board of County Commissioners to make lawful inquiries regarding my past and present employment and to release from liability all of those supplying information.

Applicant's Signature _____

Date _____

PROFESSIONAL REFERENCES: Exclude friends or relatives.

| Name: | Occupation: | Complete Address: | Phone or Cell Number: | Years Known: |
|-------|-------------|-------------------|-----------------------|--------------|
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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: _____

City: _____ State: _____ 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 Officer 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, lewd 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)

Signature of Applicant