



GARY R. NIKOLITS, CFA
 PROPERTY APPRAISER
 301 N. OLIVE AVENUE, 5TH FLOOR
 WEST PALM BEACH, FL 33401
 (561) 355-3230 FAX: (561) 355-3963
www.pbcgov.com/papa

Application Review/Interview History

Date	Dept.	Position	Reviewed/Interviewed By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT APPLICATION

PALM BEACH COUNTY PROPERTY APPRAISER'S OFFICE

REVISED: 9/2014

Instructions: You must fully and accurately complete the Employment Application. Unsigned or incomplete applications will not be considered. Resumes will not be accepted in lieu of applications, but are considered to be supplemental information. Your application will remain active for six (6) months. If you wish to be considered after that time, you must complete a new Employment Application. **Print clearly and complete all sections.**

Date: _____

Last Name: _____ First Name: _____ M.I. _____ SSN (last 4 digits) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

POSITION INFORMATION

Employment Desired: Full time Part-Time Will you work overtime if required? Yes No
 Position Applying for: _____ Minimum Salary Requirement: _____

Are you legally authorized to work in the U.S.? Yes No (*Documents establishing both identity and employment authorization are required at time of employment.*)

Complete if position requires driving:

Do you have a valid Florida Driver License? Yes No Driver License Number: _____
 Has your license ever been suspended or revoked? Yes No
 If yes, please explain: _____

GENERAL

Have you ever been employed with the PBC Property Appraiser or any other county agency or department? Yes No
 If yes, provide name of agency/department and date(s) of employment: From: _____ To: _____

Are you related to anyone who works for the Property Appraiser's office? Yes No
 If yes, provide name and relationship: _____

Are you at least 18 years of age? Yes No (*If no, you may be required to provide authorization to work.*)

Have you ever been convicted of a felony? Yes No (*The type of offense and the nature of the position applied for are the only factors considered. A crime conviction check will be conducted.*)

If Yes, state the court, nature of offense, disposition of case and date: _____

EDUCATION AND TRAINING

Do you have a high school diploma? ___Yes ___No GED? ___Yes ___No

Name, city and state of last high school attended: _____

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Earned	Did you graduate?	Major/Minor Degree Field/Program of Study	Type of Degree Received
		Yes No		
		Yes No		
		Yes No		

List Vocational/Technical/Other Schools Below:

Name and Location	Total Hours Completed	Did you graduate?	Course/Subject	Certificate Received
		Yes No		
		Yes No		

PROFESSIONAL LICENSES, CERTIFICATIONS OR MEMBERSHIPS

List any professional or occupational licenses, certifications, or memberships that you currently hold which relate to the position for which you are applying:

SPECIAL SKILLS AND OTHER QUALIFICATIONS

List any other relevant special skills, knowledge or abilities including special courses, knowledge of computer hardware/software, or office equipment:

EMPLOYMENT HISTORY

Begin with your present or most recent job and describe the specific duties and responsibilities. List all periods of employment, including unemployment, self-employment, military service, internships, and summer work. Missing or incomplete information may result in the disqualification of your application.

Dates Employed (Month and Year) From _____ To _____		Employer: _____ Address: _____ Telephone Number(s): _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____ Voluntary: <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your current employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		_____ _____ _____
Dates Employed (Month and Year) From _____ To _____		Employer: _____ Address: _____ Telephone Number(s): _____ Your Job Title: _____ Supervisor's Name and Title: _____ Reason for Leaving: _____ Voluntary: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		_____ _____ _____
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Hours per Week: _____ Starting Salary: \$ _____ per _____ Last Salary: \$ _____ per _____		_____ _____ _____

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Required documents: A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

__ d Were you married to the veteran when he or she died? yes no
 Have you remarried since the veteran's death? Do not count annulled marriages. yes no

Required documents: A Department of Defense document, or the DVA certifying the service-connected death of the veteran, and evidence of marriage and *a statement that the spouse is not remarried.

*Signing this application will serve as statement that you (the spouse) have not remarried at the time of this application.

__ e Relationship to service member: Mother Father Legal Guardian Unremarried widow/widower
Required documents: A Department of Defense document certifying the service-connected death of the veteran under combat related conditions. In addition, the legal guardian shall provide proper court documents establishing the legal authority of Guardianship.

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Required documents: A Department of Defense document, commonly known as form DD-214 (Member 4 Copy recommended) or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

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Required documents: A letter from Commanding Officer stating the dates of military service to establish service member is current active.

REVISED 9/2014

APPLICANT'S CERTIFICATON***Please read this statement carefully before signing below:***

I hereby certify that the information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentations or omissions of any fact in my application, resume, or any other materials, or during my interviews, is sufficient cause to reject this application, or if employed may result in my termination.

I hereby authorize the Property Appraiser's Office to investigate all statements contained in this application, to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give the Property Appraiser's Office all facts, opinions and evaluations concerning my previous employment and any other information they have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Property Appraiser's Office including, but not limited to, any liability or defamation or invasion of privacy.*

If offered employment, I understand that such an offer is contingent upon satisfactory results of a background investigation. I further understand that if hired, I can be alcohol/drug tested for reasonable suspicion and post accident in accordance with the Property Appraiser's Office Drug-free Workplace Policy. I further understand that failure to take such test(s) when requested to do so or unsatisfactory test results can result in my immediate termination.

If employed I understand I will be required to serve a six (6) month Introductory Employment Period. I further understand my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Property Appraiser or myself. I understand that no manager, supervisor, or other representative of the Property Appraiser's Office has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the forgoing.

If employed, I agree to abide by all policies and procedures issued by the Palm Beach County Property Appraiser.

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

Signature of Applicant

Date

* In accordance with the Public Records Law, Chapter 119, F.S., information provided on this application may be "inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or his designee.

In accordance with the provisions of the Americans with Disabilities Act of 1990, the Property Appraiser's Office invites disabled applicants to inform our office if they require accommodation within the application or interview process. Requests should be made in advance by contacting Human Resources at (561) 355-2850.

An Equal Opportunity/Veterans Preference Employer Supporting a Drug-free Workplace