



OFFICE OF THE  
CLAY COUNTY PROPERTY APPRAISER

**Honorable Tracy S. Drake, CFA, CAE, ASA, RES, AAS**

State-Certified General Real Estate Appraiser RZ2759

Mail to: Attn: Human Resources, P.O. Box 38, Green Cove Springs, FL 32043 or  
email: [rlarge@ccpao.com](mailto:rlarge@ccpao.com)

## APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION	POSITION YOU ARE APPLYING FOR:	ACTION	BY

- Please indicate the specific position. "Any" is not acceptable. The specific position must be currently open (advertised) to apply.

**READ CAREFULLY:** Please print or type using BLUE or BLACK ink. Complete all items. Incomplete or unsigned applications will not be processed. A resume can be included but the information requested in this application must be provided in full.

Applicants with disabilities may contact the Human Resources Department to request the accommodation needed to enable them to complete this application. Due to the volume of applications received, only those applicants selected for an interview will be contacted. The Clay County Property Appraiser's office is an equal opportunity employer and will not discriminate, against any employee or applicant in any manner prohibited by law.

NAME IN FULL: \_\_\_\_\_

LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_

STREET	CITY	STATE	ZIP
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HOME PHONE: \_\_\_\_\_ ALTERNATE: \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

May we contact you at work: ☐ Yes ☐ No If yes, work #: \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

Are you lawfully eligible to work in the United States? ☐ Yes ☐ No (Verification of eligibility will be confirmed upon employment)

Have you had prior service with the Florida Retirement System? ☐ Yes ☐ No

If you have retired from the **Florida Retirement System** within the last 12 months, you **MUST** notify the Clay County Property Appraiser's Human Resources Department prior to accepting any position to avoid repaying the Appraiser for monies already received. You are retired if you are receiving monthly benefits under the FRS Pension Plan or have taken any distribution under the FRS Investment Plan or optional non-FRS plans (e.g. CCORP, SSUSORP, or SMSOAP).

Do you have a valid Driver's License? ☐ Yes ☐ No

If yes, State: \_\_\_\_\_ Type: \_\_\_\_\_

Is your driver's license currently restricted, suspended, or expired? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Have you pleaded “no contest” to, or have been convicted of a felony? ☐ Yes ☐ No

If yes, explain fully on a separate sheet of paper. Conviction of a crime alone typically will not disqualify you from employment. Factors to be considered include nature of crime, remoteness in time, rehabilitation, etc.

Have you ever been employed by Clay County? ☐ Yes ☐ No

If yes, when and in what capacity and department?

Do you have any relatives working for Clay County? ☐ Yes ☐ No

If yes, give name, relationship and department where they work:

Have you ever been discharged / fired from employment? ☐ Yes ☐ No

Please explain:

**EDUCATION**

Select Highest Level Completed

GRADE SCHOOL OR HIGH SCHOOL

COLLEGE

GRADUATE SCHOOL

<u>SCHOOLS</u>	<u>NAME &amp; ADDRESS OF SCHOOL</u>	<u>DATES ATTENDED (GIVE MONTH AND YEAR)</u>		<u>ANSWER BELOW FOR EACH SCHOOL TO THE HIGHEST LEVEL COMPLETED</u>				
HIGH SCHOOL		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No  IF NOT, DO YOU HAVE A G.E.D. EQUIVALENCY CERTIFICATE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ISSUED BY _____				
COLLEGE OR UNIVERSITY		FROM	TO	CREDITS COMPLETED SEM. QTR. HRS. HRS.	MAJOR	DID YOU GRADUATE?  YES ____  NO ____	DEGREE RECEIVED TYPE YEAR	
					MINOR			
GRADUATE STUDIES		FROM	TO	CREDITS COMPLETED SEM. QTR. HRS. HRS.	MAJOR	DID YOU GRADUATE?  YES ____  NO ____	DEGREE RECEIVED TYPE YEAR	
					MINOR			
VOCATIONAL/ BUSINESS		FROM	TO	HOURS A WEEK		MAJOR STUDY		

**Specialized Skills**

Please list any pertinent skills or knowledge that you may have (computer software, office machines you can operate, machinery or heavy equipment you can or have operated; professional licenses or certifications you hold; mechanical, electrical, construction tools/ equipment, etc.) Be very specific:

OFFICE MACHINES:	
COMPUTER SOFTWARE:	
PROFESSIONAL LICENSE/ CERTIFICATION(S)	

**Work History**

Describe any employment or occupation you have had, including experience in the armed forces and volunteer work. Begin with your present or most recent employment in Block A. Count each promotion as a separate job. Be sure to include all relevant details. Use a separate sheet, if necessary. **DO NOT LEAVE BLANK AND DO NOT STATE "SEE RESUME"**. A resume may be attached but will not be accepted in lieu of the application.

May we contact your current employer: ☐ Yes ☐ No If yes, when may we contact? \_\_\_\_\_

<b>A</b>	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO		STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK	
COMPANY PHONE		REASON FOR LEAVING				
DESCRIBE YOUR WORK IN DETAIL						
<b>B</b>	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO		STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK	
COMPANY PHONE		REASON FOR LEAVING				
DESCRIBE YOUR WORK IN DETAIL						
<b>C</b>	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO		STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK	
COMPANY PHONE		REASON FOR LEAVING				
DESCRIBE YOUR WORK IN DETAIL						
<b>D</b>	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO		STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK	
COMPANY PHONE		REASON FOR LEAVING				
DESCRIBE YOUR WORK IN DETAIL						

E	NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO		STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY		NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK	
COMPANY PHONE		REASON FOR LEAVING				
DESCRIBE YOUR WORK IN DETAIL						

Pursuant to Chapter 119, Florida Statutes – Public Records Law, personnel records and job applications, except for certain items specifically exempted from the Public Records Law, are open for inspection by any person. All social security numbers held by an agency are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

APPLICATION MUST BE SIGNED IN ORDER TO BE EVALUATED. PLEASE CHECK ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

### Signature Certification and Release of Information

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Clay County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that this application must be completed in full. Incomplete applications may be rejected. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Clay County is an Equal Opportunity/ Affirmative Action employer and subject to certain reporting and affirmative action requirements. The information required is requested only so we may meet our Equal Opportunity/ Affirmative Action obligations.

Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This information will be maintained separately from your application.

**PLEASE SELECT THE APPROPRIATE INFORMATION FOR EACH CATEGORY:**

**Date of Birth:** \_\_\_\_\_

**Sex:** Male ☐

Female ☐

**Name In Full:** \_\_\_\_\_

**Position applied for:** \_\_\_\_\_

**Handicapped / Disabled:** ☐ Yes

☐ No

***How did you learn about this vacancy? (please check applicable source)***

☐ County Website

☐ Advertisement (located in) \_\_\_\_\_

☐ Walk-In

☐ Employee Referral (name) \_\_\_\_\_

☐ Agency (specify) \_\_\_\_\_

☐ Other (source) \_\_\_\_\_

***ETHNICITY: (check one)***

☒ WHITE (not of Hispanic origin)

☐ BLACK (not of Hispanic origin)

☐ HISPANIC

☐ ASIAN OR PACIFIC ISLANDER

☐ AMERICAN INDIAN OR ALASKAN NATIVE

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Applicant Email:***

