

Hardee County Property Appraiser's Office

110 West Oak Street, Suite 103 Wauchula, Florida 33873-2605 Phone: 863-773-2196 Fax: 863-773-0954

Application for Employment

Please type or print. It is important that you answer all questions on this application completely and truthfully. Failure to do so may delay consideration for employment or result in loss of employment opportunities. Notify this office of any address or telephone number changes.

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Position Applyir	ng For:			Date:			
PERSONAL						A.	
Last Name:		First I	Name:			Middle Initial:	
Street Address:			Home Phone:				
City, State & Zip (Code:			Work Pho	Work Phone:		
E-Mail Address:				Cell Phon	Cell Phone:		
Are you legally eligible for employment in the United States? (Proof of citizenship / immigration status and identity is required upon employment)							
Have you ever ple	eaded no contest to or been convicted of any cri	me?		YE	s 🗌	NO 🗌	
Have you ever be	en a defendant in a civil action for intentional tor	rt?		YE	s	NO 🗌	
	er question, attach a full explanation giving date swering "YES" is not an automatic disqualification			ual charges a	and the	final disposition	
MILITARY SI	ERVICE	_				-	
Branch of Service	and Serial Number:	Present Selective	F	Rank at Discharge:			
List Duties / Spec	ial Training:			<u>, , , , , , , , , , , , , , , , , , , </u>			
EDUCATION							
Mark the highest	grade level completed: Elementary	College	Graduat	e School	5		
	our General Equivalency Diploma (GED), I and issuing authority:						
	Name & Location	Did you Gradua	te? Major Subject	:	Degre	e Attained	
High School		YES NO				*	
College		YES NO					
Graduate School		YES NO					
Vocational or Business		YES NO					
Other		YES NO		2			

Employment History

Beginning with your current or most recent employment, list in reverse order all periods of employment regardless of the duration or type of work. List any gaps in employment. Title changes should be listed as a separate period. Describe in detail your specific duties starting with your primary responsibilities. This section must be completed whether or not a resume is attached (attached additional sheets if necessary). Please specify your reasons for leaving or wanting to leave all listed employment.

Current or most recent Employer:			Address:							
Official Job Title:				Supervisor's Name		Phone Number:				
From To Total			If Part-Time job, list number of hours per week:	\$			Ending Pay: Commission / Bonus Pay			
				\$		107 (SE	\$	200,000		
Reasons for leaving or Describe duties in deta		ng (pleas	e explain	in detail): Res	igned	Terminated		3-		
May we contact your p 2. Employer:		Ye	s 🗌	No Address:						
z. Limpioyer.				Audiess.						
Official Job Title:			Supervisor's Name & Title:				Phone Number:			
From Month Year	ates Employed To Month Year	To Years	tal Months	If Part-Time job, list number of hours per week:	Starting Pay: \$ Commission / E	Bonus Pay	\$ Com	ng Pay:		
					\$		\$_			
Reasons for leaving or Describe duties in deta		ng (pleas	e explain	in detail): Res	igned	Terminated				

3. Employer:				Address:									
Official Job Title:				Supervisor's Name		Phone Number:							
From To Total				If Part-Time job, list number of hours per week:	\$ per\$			ommission / Bonus Pay					
Reasons for leaving or considering leaving (please explain in detail): Resigned Terminated													
Describe	duties in d	etail:											
4. Emplo	oyer:					Address:	Address:						
Official Job Title:				Supervisor's Name	& Title:		Phone Number:						
Month	om Year for leaving	Dates Em To Month or conside	o Year	Years		If Part-Time job, list number of hours per week:	Starting Pay: \$ Commission \$ Resigned	per	\$ Com \$	perperperper			
Describe	duties in d	etail:											
Why do y	ou feel tha	at you are o	qualified fo			ttach additional pag		ary					
-													
_													

SKILLS

List any	special skills	s. certifications or abilities	(i.e. co	omputer software knowledge,	equipment or	iob related concepts	that v	ou possess.

Description:				
Description:				
Description:				
Description:				
PERSONAL / PROFESSIONAL REF	ERENCES			
Name:	Address:	Telephone Number:		
Name:	Address:	Telephone Number:		
Name:	Address:	Telephone Number:		
WORK AVAILABILITY				
Date available for work:				
APPLICA	NT'S CERTIFICATION AND AGREE	MENT		
I certify that answers given herein are tr	ue and complete to the best of my know	edge.		
I authorize investigation of all stateme arriving at an employment decision.	nts contained in this application for e	mployment as may be necessary	in	
I understand and acknowledge that, un this organization is of an "at will" natur may discharge Employee at any time w relationship may not be changed by acknowledged in writing by an authorize	e, which means that the Employee may ith or without cause. It is further unders any written document or by conduct	resign at any time and the Emplo tood that this "at will" employm	yer ent	
In the event of employment, I understar may result in discharge. I understand the			v(s)	
Applicant Name	Date	Date		
Applicant's Signature	Date	of Interview		