

# APPLICATION FOR EMPLOYMENT



**PALM BEACH COUNTY  
SUPERVISOR OF ELECTIONS  
240 S MILITARY TRAIL  
WEST PALM BEACH FL 33415  
561-656-6200**

In accordance with the provisions of ADA, this document may be requested in an alternative format.

1. Job ID # (If applicable)

2. Position Title

3. Location

4. SSN (Last 4 digits)

5. Month of Birth (MM)

 (01-12)

Day of Birth (DD)

 (01-31)

6. First Name

MI

Last Name

7. Street Address 1

Street Address 2

City

State

Zip

Country

8. Home Phone

 -  - 

Other Phone

 -  - 

## 9. Education:

Circle LAST YEAR COMPLETED:

Check if GED Completed

Grade/High School: 1 2 3 4 5 6 7 8 9 10 11 12

College/Graduate: 1 2 3 4 5 6 7 8

## 10. OPTIONAL INFORMATION

### Applicant Data Record

Each applicant for employment with the Palm Beach County Board of County Commissioners will be considered without regard to the race, color, religion, gender, sexual orientation, national origin, age, disability or marital status of the applicant. However, the Federal Government requires that the County keep statistics on the number of women, minorities, veterans and persons with disabilities who apply for jobs. The information provided below will be used for statistical purposes only and will be maintained separately from the Application for Employment during the entire hiring process.

Check One:

Male    Female

Date of Birth (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Race/Ethnic Group:

White    Black    Hispanic    American Indian/Alaskan Native    Asian/Pacific Islander

Check Any That Apply to You:

- Wartime Period Veteran  
 Disabled Veteran  
 Disabled Person Not Entitled to Veterans' Preference\*

\* In accordance with Affirmative Action requirements of Sec. 503 of the Rehabilitation Act of 1973, as amended, and provisions of the Americans with Disabilities Act of 1990, the County provides reasonable accommodation. If you need a reasonable accommodation for interviewing or initial employment, please notify the Palm Beach County BCC Human Resources Department.

Position For Which You Are Applying \_\_\_\_\_

Application Date \_\_\_\_\_

## Type or Print Clearly In Ink

11. Will accept position as follows: Full-time  Part-time  Temporary  On-Call

12. Minimum Salary Requirement

13. Present or previous Palm Beach County Board of County Commissioners' employee? Yes  No  IF YES, give dates: From: \_\_\_\_\_ To: \_\_\_\_\_

14. Related to current Palm Beach County employee? Yes  No

IF YES, give name, relationship & Dept./Div. employed: \_\_\_\_\_

15. Complete if position requires driving:

Do you have a valid Florida Driver's license? Yes  No

Has your license ever been suspended or revoked? Yes  No

If Yes, please provide dates and explain: \_\_\_\_\_

Commercial

A

B

C

Endorsements: \_\_\_\_\_

Non-Commercial

E-Operator

16. Have you ever been convicted of a felony? Yes  No  If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

**NOTE:** The type of offense and the nature of the position applied for are the only factors considered. Crime conviction check will be conducted.

### 17. Military Service

Do you claim Veterans' Preference (in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295, Florida Statutes)? \* Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state. Persons who were previously ineligible for preference because they held or are currently holding a job with a public employer are now eligible to use their Veterans' Preference again with all employers covered by law. Persons who were previously ineligible for preference because they did not serve during an eligible wartime period may now be eligible for Veterans' Preference if they served during Operation Enduring Freedom (beginning October 7, 2001 – present) or Operation Iraqi Freedom (beginning March 19, 2003 – present).

1. Based on active duty during a wartime period? Yes

2. As a Veteran with a compensable service-connected disability? Yes

(Documentation of disability must be dated within past 12 months.)

3. As the unmarried spouse of a Veteran who was killed in action or who died of a service-connected disability? Yes

4. As the spouse of a Veteran who cannot qualify for employment because of a total and permanent service-connected disability or as the spouse of a person missing in action, captured or forcibly detained by a foreign power? Yes

5. Based on any Veteran who has served in a qualifying campaign or expedition for which a campaign badge has been authorized, or, any Armed Forces Expeditionary Medal is qualifying for Veterans' Preference? The Global War on Terrorism Expeditionary Medal qualifies for Veterans' Preference consideration. Active duty for training is not covered for Veterans' Preference purposes. Yes

Note: There have been recent additions to eligible wartime periods.

**\* It is the applicant's responsibility to submit current and complete documentation with this application.**

Documentation includes: Department of Defense document, commonly known as Form DD-214 or military discharge paper, or equivalent certification from Veterans' Affairs, listing military status, dates of service and discharge type (DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE). All documents must clearly indicate that they are copies of originals. A Veterans' Preference statement of documentation/eligibility is posted in the Human Resources Office; a copy is available upon request. If applicants claiming Veterans' Preference for vacant position(s) are not selected for the position(s), they may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, P.O. Box 31003, St. Petersburg, FL 33731, within 21 days after receiving notice of hiring decision. When the applicant has not received notice of hiring decision within two calendar months of the receipt of application by the employer, the applicant shall contact the employer to determine if the position has been filled by a non-preferred applicant. After having determined that the position has been filled, the preferred applicant may file a complaint within three calendar months of the date the application was received by the employer.

### 18. Educational Details

School	Name & Address	DID YOU GRADUATE?	SEM HOURS	QTR HOURS	MAJOR/MINOR	DEGREE(S) AWARDED
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Junior College		Yes <input type="checkbox"/> No <input type="checkbox"/>				
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Graduate School		Yes <input type="checkbox"/> No <input type="checkbox"/>				
			CLASSROOM HRS		COURSE(S)	
Vocational/Technical School		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other Training		Yes <input type="checkbox"/> No <input type="checkbox"/>				

19. A. List any special skills, knowledge or abilities that you possess that relate to this job opportunity. For example, list courses, training, bilingual ability, computer hardware/software skills, typing or shorthand.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List any CURRENT, VALID professional or occupational licensures, registrations, certifications, or memberships relevant to the position, e.g., Florida certificate in Water/Wastewater Treatment, Florida Professional Engineering registration, Registered Nurse license or Lifeguard certifications. Failure to specify required licensures, registrations and certifications may disqualify applicants for consideration. **APPLICANTS ARE REQUESTED TO SUBMIT A COPY OF DOCUMENTATION WITH APPLICATION.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**20. Employment Record**

Begin with your PRESENT or most recent position and describe specific duties and responsibilities. Indicate various levels, dates of employment and duties of position held under each employer. List all periods of employment, including self-employment, internships, or volunteer hours. **RÉSUMÉS MAY NOT SUBSTITUTE FOR THE COMPLETED APPLICATION. IT IS THE RESPONSIBILITY OF THE APPLICANT TO THOROUGHLY COMPLETE THE APPLICATION.**

From: Mo. \_\_\_ Yr. \_\_\_ Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

To: Mo. \_\_\_ Yr. \_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOURS/WEEK: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Number and type of employees supervised: \_\_\_\_\_

Duties Performed (In Detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer Software, Equipment, Machines Operated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If no longer employed, reason for leaving: \_\_\_\_\_ Voluntary Yes  No

May we contact your present employer? Yes  No

From: Mo. \_\_\_ Yr. \_\_\_ Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

To: Mo. \_\_\_ Yr. \_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HOURS/WEEK: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Number and type of employees supervised: \_\_\_\_\_

Duties Performed (In Detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer Software, Equipment, Machines Operated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If no longer employed, reason for leaving: \_\_\_\_\_ Voluntary Yes  No

From: Mo. \_\_\_ Yr. \_\_\_ Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
To: Mo. \_\_\_ Yr. \_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
HOURS/WEEK: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Number and type of employees supervised: \_\_\_\_\_

Duties Performed (In Detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer Software, Equipment, Machines Operated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no longer employed, reason for leaving: \_\_\_\_\_ Voluntary Yes  No

From: Mo. \_\_\_ Yr. \_\_\_ Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
To: Mo. \_\_\_ Yr. \_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
HOURS/WEEK: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Number and type of employees supervised: \_\_\_\_\_

Duties Performed (In Detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer Software, Equipment, Machines Operated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no longer employed, reason for leaving: \_\_\_\_\_ Voluntary Yes  No

**21. Please use additional sheets to explain other previous employment, if necessary.**

To the best of my knowledge, all statements and information I have given in this application are true. I hereby authorize the Human Resources Department to verify this information to determine my capabilities for employment. **I UNDERSTAND THAT ANY STATEMENTS FOUND NOT TO BE MATERIALLY ACCURATE MAY CONSTITUTE GROUNDS FOR MY DISMISSAL OR MAY DISQUALIFY ME FROM CONSIDERATION FOR ANY POSITIONS. THE OMISSION OF REQUIRED OR MATERIAL INFORMATION (SUCH AS PRIOR JOBS) MAY BE CONSIDERED AS GROUNDS FOR DISMISSAL OR DISQUALIFICATION. I AUTHORIZE RELEASE OF INFORMATION FOR REFERENCE CHECKS.** In accordance with 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."

**Applications not received by 5:00 P.M. on closing date will not be considered.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_