



**NASSAU COUNTY BOARD OF
COUNTY COMMISSIONERS
OFFICE OF HUMAN RESOURCES**

96161 Nassau Place Yulee, Florida 32097

(904) 491-7322

"DRUG-FREE WORKPLACE"

(904) 321-5926 (FAX) **"An Equal Employment Opportunity Employer"**

| Date Sent | Department | Date Received |
|-----------|------------|---------------|
| | | |
| | | |
| | | |

INTERNAL APPLICATION FOR PLACEMENT

Please **READ INSTRUCTIONS** before you begin: **PLEASE PRINT** clearly or type all information.

1. This application must be filled out **accurately** and **completely**. If an item does not apply, insert N/A (not applicable).
2. Attach a copy of your Driver's License, transcripts and/or any documents, certificates, commendations and any other information you feel will help in the evaluation. Veterans (peacetime or wartime) must submit a copy of their DD214 for Veterans Preference.
3. **No** name shall remain on an open eligible **list** for more than *six months*.
4. Applications will be kept on file for no longer than three months. It is the applicant's responsibility to update or reinstate their application in person at the Human Resources department.
5. Nassau County maintains and enforces a drug-free workplace program. As part of this program, applicants for special risk or safety sensitive positions may be required to submit to a drug and/or alcohol screening test. In appropriate circumstances, current employees may also be required to submit to drug and/or alcohol testing.
6. Employees may be required to complete and pass a physical examination as a condition for promotion, transfer, or demotion to positions designated as requiring a physical exam placement.

NOTE: Employee's that initially had to have a physical at the time of hire with the County could be asked to take another physical.

POSITION APPLYING FOR _____ DEPARTMENT _____ TODAYS DATE _____

\$ _____ PER _____
LOWEST ACCEPTABLE SALARY _____ DATE YOU CAN START _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

PRESENT ADDRESS: _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS: _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ BUSINESS PHONE: _____ ALTERNATE PHONE: _____

How long have you **worked** for Nassau County Board of County Commissioners? _____

What is your current job title/position/department? _____

How long have you held your current position? _____ Who is your immediate supervisor? _____

Are you related to anyone who **works** for the Nassau County Board of County Commissioners? YES NO

If yes, whom; Name: _____ Department: _____ Relationship: _____

Do you have a **Valid** Driver's License? YES NO

List your Driver's License I.D. Number: _____ State Licensed in: _____

License: Class Types: A B C _____ Endorsement Type: (circle if applicable)

D Chauffeur's E Operators (T N P H X)

LAW ENFORCEMENT CONVICTIONS: Have you ever been convicted and/or plead nolo contendere (no contest) and/or plead guilty by Federal, State, Military or other law enforcement authorities, for any violation of any Federal, State, County or Municipal law, Regulation or Ordinance? Failure to list the above may result in later dismissal. Include all traffic violations other than non-moving violations. Include dates and states. YES NO If yes, give complete information as to the date and place of all convictions and current disposition. _____

Note: A conviction record will not be a barrier to employment unless the conviction is directly related to the position sought.

Have you ever been a defendant in a lawsuit for an intentional tort? YES NO

What was the disposition of that lawsuit? _____

EDUCATION:

| School Attended | Circle Highest Grade Completed | Did you Graduate? | Name and Location of School Last Attended | | | |
|--|--------------------------------|--|---|------------------------------|-------------------------|--------------------------------|
| High School | 9 10 11 12 (or GED) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| COLLEGES, BUSINESS or TRADE SCHOOL: Name and Location | Attended From: | To: | Credit Hours Earned | Degree or Certificate Sought | Major or Subjects Taken | Degree or Certificate Received |
| | | | | | | |
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PROFESSIONAL LICENSES

| DATE RECEIVED | DATE EXPIRES | TYPE OF LICENSES | Federal or State Board | License Number |
|---------------|--------------|------------------|------------------------|----------------|
| | | | | |
| | | | | |

CERTIFICATES (Include information of any additional training, courses completed, achievements, and awards:)

| DATE RECEIVED | DATE EXPIRES | TYPE OF CERTIFICATES | | |
|---------------|--------------|----------------------|--|--|
| | | | | |
| | | | | |

OFFICE SKILLS: (Please check areas in which you are competent)

- Calculator
- Fax machine
- PC
- WordPerfect
- Switchboard
- Typing _____ w.p.m.
- Lotus
- Microsoft Word
- Filing
- Shorthand _____ w.p.m.
- Excel
- PowerPoint
- Photocopying
- Dictaphone
- Internet
- Microsoft Outlook
- Other: (Please List) _____

TRADE SKILLS: (Please check areas in which you are competent)

- Grounds keeping
- Roofing
- Refrigeration/Repair
- Heavy Equipment/Mechanical
- Rough Carpentry
- Masonry
- Electrical Repair Work
- Reading Blueprints
- Bridge Maint.
- Finished Carpentry
- Plumbing
- Asphalt Repair
- Map Reading
- Concrete Repair
- Painting
- Welding
- Automotive/Mechanical
- Drafting/Graphics
- Other Skills: (Please List): _____

EQUIPMENT: (Please check types of equipment you can operate)

- Power Tools (saws, drills, etc)
- Payloader
- Communications (amplifiers, transmitter, radios, telephones, etc.)
- Concrete Saws
- Dump Truck
- Cranes (All)
- Flatbed Truck
- Air Hammer
- Bulldozers
- Grader
- Wood Chipper
- Power Mowers
- Tractors
- Gradeall
- Stripping Machine

- Ditching Machines
 Backhoe
 Excavator
 Other Equipment: (Please List):

EMPLOYMENT HISTORY

Provide the following information on your past and current employers, starting with the most recent.

| | | |
|------------------------------------|--------------------|--|
| | DATES EMPLOYED | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| EMPLOYER | | |
| TELEPHONE# | FROM TO | |
| | | |
| ADDRESS | HOURLY RATE/SALARY | |
| | STARTING | |
| STARTING JOB TITLE/FINAL JOB TITLE | \$ PER | |
| IMMEDIATE SUPERVISOR AND TITLE | HOURLY RATE/SALARY | |
| | FINAL | |
| REASON FOR LEAVING | \$ PER | MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER |
| | DATES EMPLOYED | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| EMPLOYER | | |
| TELEPHONE# | FROM TO | |
| | | |
| ADDRESS | HOURLY RATE/SALARY | |
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| IMMEDIATE SUPERVISOR AND TITLE | HOURLY RATE/SALARY | |
| | FINAL | |
| REASON FOR LEAVING | \$ PER | MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER |

Briefly describe the reason why you are applying for this position. _____

YOU MUST SUBMIT A COPY OF YOUR DD-214 AND OTHER RELEVANT DOCUMENTS CONCERNING ELIGIBILITY FOR VETERANS PREFERENCE. PREFERENCE WILL BE AWARDED ONLY IF YOU SUBMIT WITH YOUR APPLICATION A COPY OF YOUR DD-214, DISCHARGE CERTIFICATE AND/OR PROOF OF RATING THAT IS LESS THAN ONE YEAR OLD OF A SERVICE-CONNECTED DISABILITY.

Check the appropriate block if you are claiming Veteran's preference:

- ____ (1) A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense.
- ____ (2) The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained, or interned in the line of duty by a foreign government or power.
- ____ (3) A veteran of any war who served in the active military, naval, or air service and who was discharged or released there from under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable Discharges. Active duty for training while in the Reserves or National Guard is not allowable.
- ____ (4) The unmarried widow or widower of a veteran who died of a service-connected disability.
- ____ (5) A veteran who served in a qualified campaign or expedition for which a campaign medal has been authorized.

(Branch of Service)

(Entry Date)

(Discharge Date)

(Type of Discharge)

NOTE: Under Florida law, the state and its political subdivisions shall give preference in appointment and employment pursuant to F.S: 295.07.

To receive benefits as a wartime veteran, a veteran must have served at least 1 day during one of the following periods of wartime service:

| | | | |
|------------------|--------------------------------|--------------------------|--|
| World War II: | Dec. 7, 1941 to Dec. 31, 1946 | Persian Gulf War: | Aug. 2, 1990 to Jan. 2, 1992 |
| Korean Conflict: | June 27, 1950 to Jan. 31, 1955 | Operation Iraqi Freedom: | Sept. 11, 2001, for at least 180 consecutive days ending on the date thereafter prescribed by presidential proclamation or by law. |
| Vietnam Era: | Aug. 5, 1964 to May 7, 1975 | | |

If you need an accommodation due to a disability in order to participate in the application/selection process, please notify the Human Resources Department in advance.

APPLICATION CERTIFICATION: READ CAREFULLY BEFORE SIGNING: I hereby certify that all of the facts and information listed on this application are to the best of my knowledge true and correct. Therefore, I agree that any false statement or omission as to material fact will constitute grounds for rejection of my application or dismissal from the employment with the Nassau County Board of Commissioners. I understand that positions with the Board of County Commissioners are "employment at will" positions. I further understand that any time during my employment with the Board I may be required to comply with post offer medical testing as permitted by law to determine whether I am working under the influence of alcohol or a controlled substance.

Date: _____

Signature of Applicant: _____

Voluntary Authorization for Background Investigation: I, _____, hereby *understand and acknowledge* that as an applicant for a position with Nassau County, Florida, I may be subjected to the following background investigations; *criminal, character references, prior employment, education, workers compensation, motor vehicle report, drug test and/or physician examinations.*

I further understand that these investigations are required or allowed under law and will be initiated at the time an offer of employment is made.

I acknowledge that if these background investigations reveal unfavorable results, these findings may result in dismissal or non-hire.

I affix my signature to this document as an indication of agreement and do so without threat, intimidation, and coercion of promise of compensation.

Signed this _____ day of _____, 20_____

Witness: _____

Signature of Applicant: _____