



**NASSAU COUNTY BOARD OF
COUNTY COMMISSIONERS
OFFICE OF HUMAN RESOURCES**
96135 Nassau Place, Suite 5, Yulee, Florida 32097

P: (904) 530-6075
F: (904) 321-5797

*An Equal Employment Opportunity Employer & Drug-Free Workplace
Veterans' Preference Is Applied In Accordance with Applicable Laws*

General Information

- 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.
- Nassau County maintains and enforces a drug-free workplace program. As part of this program, applicants for mandatory testing positions may be required to submit to drug and/or alcohol testing.
- Persons selected for employment will be required to pass a pre-employment background check as well as a drug/alcohol test and physical, if applicable.

Position Information

Title(s): _____

Department(s): _____

Minimum Acceptable Salary: \$ _____ Date Available to Start Work: _____

Applicant Information

Full Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____ Are you over 18? Yes No
(If listed, you are agreeing to receive communications via email)

Do you have a valid Driver's License? Yes No CDL Holder: A B N/A

Have you ever worked for Nassau County Board of County Commissioners? Yes No

If Yes Date(s): _____ Department: _____

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.

EDUCATION:

High School Attended	Location: City & State	Do you have a GED or Diploma?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College(s) Attended	Location: City & State	Degree Obtained	Major
		<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	
		<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	
		<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	
Certificates and/or Professional Licenses	Certificate/License Number <i>(If Applicable)</i>	Date Received	Expiration Date

EMPLOYMENY HISTORY:

*Please be sure to list all experience relating to the position for which you are applying for. *THIS SECTION MUST BE COMPLETED*			
From: mm/yy	To: mm/yy	Present or Last Employer Name:	Position Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Address:	Starting Salary: \$	Ending Salary: \$
Employer Phone Number:	City, State, ZIP:	Name Used, If Different:	
Duties and Responsibilities:			
Reason for Leaving:		May We Contact For a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

Previous Employer

From: mm/yy	To: mm/yy	Employer Name:	Position Title:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Address:	Starting Salary: \$	Ending Salary: \$
Employer Phone Number:		City, State, ZIP:	Name Used, If Different:	
Duties and Responsibilities:				
Reason for Leaving:			May We Contact For a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

Previous Employer

From: mm/yy	To: mm/yy	Employer Name:	Position Title:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Address:	Starting Salary: \$	Ending Salary: \$
Employer Phone Number:		City, State, ZIP:	Name Used, If Different:	
Duties and Responsibilities:				
Reason for Leaving:			May We Contact For a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

Previous Employer

From: mm/yy	To: mm/yy	Employer Name:	Position Title:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Address:	Starting Salary: \$	Ending Salary: \$
Employer Phone Number:		City, State, ZIP:	Name Used, If Different:	
Duties and Responsibilities:				
Reason for Leaving:			May We Contact For a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

BACKGROUND INFORMATION:

Have you ever been convicted of a felony or misdemeanor? Yes No

If "Yes," on what charges? _____

City & State: _____ Date of conviction: _____

Have you ever pled Nolo Contendere or pled guilty to a crime which is a felony or misdemeanor? Yes No

If "Yes," on what charges? _____

City & State: _____ Date of conviction: _____

Have you ever had the adjudication of guilt withheld for a crime which is a felony or misdemeanor? Yes No

If "Yes," on what charges? _____

City & State: _____ Date of conviction: _____

NOTE: A "Yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. [see §112.011, F.S.]

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE:

ARE YOU A CURRENT OR FORMER FIREFIGHTER, OTHER COVERED EMPLOYEE**, OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)? Yes No

**Other covered jobs include but are not limited to: correctional and correctional probation officers, law enforcement officers, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see §119.071.F.S.].

APPLICATION CERTIFICATION:

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of Nassau County for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for County employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: _____ DATE: _____

Nassau County employs only U.S. Citizens and lawfully authorized aliens who can provide evidence of their identity and employment eligibility as required by federal law.

The County's policy is to provide **equal employment opportunity** to all qualified employees and applicants for employment regardless of race, color, sex, age, religion, disability/handicap, marital status, military status, veteran status, genetic information, pregnancy or national origin and any other categories protected by law. We provide a preference to qualified veterans and their spouses to the extent required by law. The County's intent and desire is that equal employment opportunities will be provided in employment recruitment, selection, compensation, benefits, promotion, demotion, lay-offs, termination and all other terms and conditions of employment.

VETERANS' PREFERENCE:

Your Name: _____

Position Title You're Applying For: _____

For the purposes of appointment, retention, reinstatement, reemployment and promotion, Veterans' Preference ensures that veterans and eligible persons are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or other eligible person will be the candidate selected to fill the position. Section 295.07, Florida Statutes (F.S.) specifies who is eligible for Veterans' Preference. State of Florida residency is not required for Veterans' Preference. Completion of the Veterans' Preference section below is voluntary and will be kept confidential in accordance with the Americans with Disabilities Act. Listed below are the seven Veterans' Preference categories.

1. Disabled veterans who have served on active duty in any branch of the United States Armed Forces, who have received an honorable discharge and who:
 - a. have established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
 - b. are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.
2. The spouse of a person who:
 - a. has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment; or
 - b. is missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
3. A wartime veteran as defined in Section 1.01(14), F.S., who has served at least 1 day during a wartime period. Active duty for training may not be allowed for eligibility. To receive benefits as a wartime veteran, a veteran must have served in a campaign or expedition for which a campaign badge has been authorized, including any armed forces expeditionary medal or the global war on terrorism medal, or during one of the specified periods of wartime service as defined in §1.01(14), F.S.
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
5. The mother, father, legal guardian, or un-remarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.
6. A veteran as defined in Section 1.01(14), F.S.; however, active duty for training may not allowed for eligibility.
7. A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

Documentation for all applicants shall include a Veterans' Preference Certification, FDVA form VP-1, VP-2 or VP-3, incorporated by reference and found at www.nassaucountyfl.com. Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type. If applying for preference due to a disability, proof of a service-connected disability rating that is less than one-year-old should also be submitted. An applicant who believes he or she was not afforded employment/promotion/retention preference may file a written complaint requesting an investigation with the Florida Department of Veterans' Affairs PO Box 31001, St. Petersburg, Florida 33731, within 21 days after receiving notice of hiring decision.

VETERANS' PREFERENCE CLAIM: ARE YOU CLAIMING VETERANS' PREFERENCE: YES NO

IF YES, WHICH VETERANS' PREREFERENCE CATEGORY ABOVE ARE YOU CLAIMING?

TYPE OF DISHCARGE: _____ ENTRY DATE: _____ DISCHARGE DATE: _____

EEO SURVEY:

Although the following information is not mandatory, it is requested to aid Nassau County in its commitment to Equal Employment Opportunity and to meet federal reporting requirements. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 4075 Esplanade Way, Suite 110, Tallahassee, Florida 32399-7020.

Race (CHECK ONLY ONE):

- White
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native
- 2 or more races

Ethnicity (CHECK ONLY ONE):

- Hispanic or Latino
- Not Hispanic or Latino

SEX:

- Male
- Female

County You Currently Reside In: _____

Position You Are Applying For: _____