JIMMY H. COWAN, JR., CFA

MARION COUNTY PROPERTY APPRAISER
501 S.E. 25th Avenue
P.O. BOX 486 OCALA, FL 34478-0486
(352) 368-8300 FAX (352) 368-8357

CANDIDATE - PLEASE READ AND KEEP THIS INFORMATION PAGE.

IMPORTANT NOTICE

A CANDIDATE WHO SUBMITS AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED FOR EMPLOYMENT.

PLEASE BE SURE TO **SIGN** ALL OF THE PRE-EMPLOYMENT REFERENCE CHECK FORMS FOR ALL EMPLOYERS. YOU ALSO MUST SUPPLY US WITH THE **COMPLETE NAME AND MAILING ADDRESS** OF YOUR PREVIOUS EMPLOYERS ON PAGE TWO FOR THIS APPLICATION TO BE COMPLETE. PLEASE NOTE, **WE DO NOT ACCEPT RESUMÉS**; PLEASE COMPLETE ALL FIELDS ON APPLICATION.

INSTRUCTIONS ON COMPLETING THE ATTACHED EMPLOYMENT APPLICATION:

Please sign and date a pre-employment reference check form for all previous employers you listed. If there are certain previous employers you do not wish for us to contact, please state the reason on your application.

Even though this is a preliminary application, if you are selected for employment, we will need the following at the time of hire:

- 1. High School Diploma
- 2. Driver's License
- 3. Social Security Card
- 4. Drug Screen Test
- 5. Military Discharge Papers (if you were in any branch of the US Armed Forces).

Also, prior to employment, this office will check your:

- A. Driving Record (if position requires any type of driving)
- B. Arrest Record

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EMPLOYMENT SKILLS ASSESSMENT REQUIREMENT

Dear Candidate,

For consideration for employment with the Marion County Property Appraiser's office, the Candidate must complete a series of skills assessment provided through our partnership with CareerSource (Citrus, Levy, Marion). CareerSource utilizes **IBM Kenexa's Prove It** to administer the skills assessment and requires a valid email address from the Candidate.

Please complete the information below and return this page along with the completed employment application packet. A Candidate who submits an incomplete employment application will not be considered for employment.

Candidate's Name: (First) _____ (Middle)_____ (Last)_____

Candidate's Email: _____

Candidate's Signature: _____ Date: _____

Florida Retirement System

FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

1 Enter Your Info

PLEASE PRINT

NAME _____ SOCIAL SECURITY NUMBER _____

CURRENT AGENCY NAME _____ PREVIOUS AGENCY NAME _____

2 Confirm Prior Membership

Have you ever been a member of a State of Florida-administered retirement plan?

☐ **No, I have <u>never</u> been a member of a State of Florida-administered retirement plan.**
If No, skip to section 4.

☐ **Yes, I have been a member of a State of Florida-administered retirement plan.**
If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

- ☐ FRS Pension Plan (including DROP)
- ☐ FRS Investment Plan
- ☐ Senior Management Service Optional Annuity Program (SMSOAP)
- ☐ State Community College System Optional Retirement Program (SCCSORP)
- ☐ State University System Optional Retirement Program (SUSORP)
- ☐ Other _____

3 Confirm Retiree Status

Are you retired from a State of Florida-administered plan? You are considered retired if:

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

☐ **No, I am not retired from a State of Florida-administered plan.** I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

☐ **Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.**
If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE _____

4 Sign Here

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

SIGNATURE _____ DATE _____

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

Review the Following Important Information Carefully

- If you are a Pension Plan retiree, you understand:
  - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
  - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.
- If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:
  - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
  - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, but is not limited to, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

MARION COUNTY
PROPERTY APPRAISER
APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status or veteran status.

For Office Use Only

DATE _____ TIME _____ POSITION _____
DATE _____ TIME _____ POSITION _____

Date _____ Social Security No._____

Name _____ Are you 18 years or older? ☐Yes ☐No

Mailing Address_____

Physical Address _____

Phone No. _____ Referred by _____

If related to anyone who works for this Property Appraiser, state name, department and location._____

_____

APPOINTMENT DESIRED

Position _____ Date you can start _____Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Ever applied to this Property Appraiser before? _____ Where? _____ When? _____

Are there any days, shifts or hours you will not work? _____

If yes, explain. _____

SUMMARY OF QUALIFICATIONS

Summarize the special skills or abilities you possess that qualify you for this position. Include computer skills, machine skills, fluency in languages other than English, etc. List any organizations, associations, or special events in which you have participated and which you feel contribute to your qualifications for this position. Do not include organizations which might identify membership in a protected group (race, color, religion, sex, national origin, disability, union membership, etc.)

Include Typing Speed, if applicable _____ wpm

_____

_____

_____

_____

PREVIOUS EMPLOYMENT

List below sequentially all of your employers **in the last ten [10] years** beginning with your current or most recent employer. [Use additional pages if necessary.]

Name and Address of Company and Type of Business.	DATES WORKED FROM TO Mo./ Yr. _Mo./Yr.	Salary	Reason for Leaving	Name of Supervisor
	Describe the work you did.			
Telephone:				

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Telephone:				

Name and Address of Company and Type of Business.	DATES WORKED FROM TO Mo./ Yr. _Mo./Yr.	Salary	Reason for Leaving	Name of Supervisor
	Describe the work you did.			
Telephone:				

Did you work for any of these employers under a different name? ☐Yes ☐No

If yes, which employers(s) and under what name(s)? ______________________________

____

Please explain any gaps in your employment history? ______________________________

____

Have you received any written reprimands or disciplinary suspensions during any previous employment? ☐Yes ☐No

If yes, please explain.______________________________

____

Have you ever been discharged or asked to resign? ☐Yes ☐No

If yes, please explain [include by whom, when and for what]. ______________________________

____

Do you own a business, or are you a partner in any business? ☐Yes ☐No

What is the name of the business? ______________________________

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEAR COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL	(Circle One) 9 10 11 12		
COLLEGE	(Circle One) 1 2 3 4	MAJOR DEGREE	
OTHER			

ARREST HISTORY/COURT DATA

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to, a crime? ☐Yes ☐No

If yes, give details [date, place, offense(s), disposition, etc.] _____

_____

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program? ☐Yes ☐No

If yes, give details [date, place, offense(s), disposition, etc.] _____

_____

MILITARY RECORD

Were you in the U.S. Armed Forces? ☐Yes ☐No

If yes, what branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to this office? _____

_____

Employment in this office will require a copy of your DD-214

VETERANS' PREFERENCE

Do you claim veterans' preference? [CHAPTER 295, Florida Statutes, excludes non-disabled, retired military persons from veterans' preference points.]

Yes

A) Based on active duty during wartime or Vietnam era? ☐
B) As a veteran with a compensable service-connected disability? ☐
*C) As the unremarried spouse of a veteran who was killed in action or who died of a service-connected disability? ☐
*D) As the spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a person missing in action, captured, or forcibly detained by a foreign power? ☐
E) Have you used a veterans' preference at any time? ☐

*You must submit current documentation of your veterans' preference status.

Please attach a copy of this verification to this application.

Branch _____

Date of Entry _____Date of Honorable Discharge _____

DRIVING RECORD

Do you have a valid driver's license? ☐Yes ☐No

What class of license do you possess? _____

Have you had a suspension or probation of your license within the last five [5] years? ☐Yes ☐No

How many speeding or other moving violations have you received in the last five [5] years? _____

List below all traffic violations [except parking] on your record **for the last five [5] years** and all motor vehicle accidents in which you were involved. [Use additional page if necessary.]

DATE	LOCATION	DESCRIPTION	RESULT

REFERENCE

Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understan d that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this applicatio n. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am emplo yed may result in my dismissal.

I hereby authorize the Property Appraiser to investigate all statements contained in this application, to interview the referenc es and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Property Apprai ser all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and r elease all such parties from any liability which may allegedly arise from furnishing such information to the Property Appraiser, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investiga tion and/or medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six [6] month probationary period. I further understand that my employment is at the discretion of the Property Appraiser and compensation and employment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my traini ng period, at the option of either the Property Appraiser or myself. I understand that no supervisor or other representative of the Property Appr aiser has any authority to enter into my agreement for employment for any specified period of time, or to make any agreement contrary to the f oregoing. As an employee with the Property Appraiser's office, I understand that I may be required to work in any area of the County. I und erstand that I will be required to maintain proficiency in the use of any equipment used related to my job classification. I also understand I will be required to work with, and for, persons of differing race, sex, religious affiliation, age groups, and limited physical ability or a disabil ity.

I further understand and voluntarily agree as a condition of employment, or my continued employment, that I may be requested by the Property Appraiser to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand, and agree with the above.

_____ _____

Date Signature of Applicant

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PRE-EMPLOYMENT REFERENCE CHECK

TO THE COMPANY OR BUSINESS ADDRESSED BELOW:

I hereby give my permission for you to respond to the Pre-Employment Reference Check, so that I may be considered for possible employment in the Property Appraiser's Office.

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

_____
Attention: _____
_____
_____

We would appreciate your furnishing us with as much of the information requested below as possible.

_____
ADMINISTRATION

APPLICANT'S NAME: _____ SOCIAL SECURITY NO. _____

DATES IN YOUR EMPLOY: FROM _____ TO _____ SALARY $ _____ PER _____

POSITION HELD_____

Is the information listed above correct? ____ YES ____ NO If no, please supply the correct information below.

_____

_____

Why did applicant leave your company? _____

Would you re-employ? ____YES ____NO If no, why not? _____

Please rate the applicant on the following characteristics:

	POOR	FAIR	AVERAGE	VERY GOOD	EXCELLENT
QUALITY OF WORK					
QUANTITY OF WORK					
PERSONALITY					
PERSONAL APPEARANCE					
ATTENDANCE					
DEPENDABILITY					
COOPERATIVENESS					
CREATIVENESS					

DATE _____ SIGNATURE _____ TITLE _____

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_____

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COOPERATIVENESS					
CREATIVENESS					

DATE _____ SIGNATURE _____ TITLE _____

EQUAL OPPORTUNITY APPLICANT SURVEY

The following information is requested on a voluntary basis to allow us to evaluate the effectiveness of our equal employment opportunity/affirmative action programs. The data will not be used in any way as part of the hiring decision. Your cooperation will be greatly appreciated.

Today's date: _____

Position applying for: _____

Sex: Male ☐ Female ☐ Age: _____

Married ☐ Single ☐ # of Children _____

Racial/Ethnic Data (check one):

☐ Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

☐ Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes Japan, China, Korea, Samoa, India and the Philippines.

☐ Black (not Hispanic origin): A person having origins in any of the black racial groups of Africa.

☐ White (not Hispanic origin): A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Disabled status: ☐ Yes ☐ No

Nature of Disability: _____

_____

_____

How did you learn about the job? (check one)

☐ Ocala Star Banner ☐ Walk-In ☐ Call-In

☐ Job Line ☐ County Employees ☐ Friend

☐ Job announcement at _____

☐ Other _____