



CHUCK PERDUE
TAX COLLECTOR
BAY COUNTY, FLORIDA

Attracted Job Seeker,

Thank you for your interest in a career with the Bay County Tax Collector's Office. If you are an individual who is passionate about helping and working with people, then we encourage you to apply. We are looking for individuals who are committed to serving others and making their day.

If you join our team, you can expect us to invest in you. We want to see our employees grow. We believe that if we create a positive, fun and uplifting work environment for our team it also creates a positive and uplifting environment for our customers.

Additionally, we embrace change, so individuals applying should be able to adjust to change at a fairly rapid pace. We believe in constant improvement, so we're always looking for ways to deliver services in a more efficient manner. This often means learning a new technology or adjusting to a new way of processing transactions.

If we choose you to be part of our team and you choose to join us, you will be trained to process a number of transactions that include: hunting/ fishing licenses, driver licenses, identification cards, tag/titling vehicles, and collecting property tax payments. This work requires individuals who can focus on details, enjoy operating a computer and love interacting with people.

A few highlights of the benefits we offer, include: employee health and life insurance, paid time off for holidays, accrued personal time off, and membership in the Florida State Retirement System. There are also a variety of employee paid options such as dental insurance and deferred compensation available.

After reading this introduction, we hope our office sounds like the right place for you. If it does, we encourage you to complete the attached job application in its entirety. We hope to have the opportunity to sit down and get to know you better.

In Service,

Bay County Tax Collector | Employment Application

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Pursuant to Florida Public Records Law applications/resumes are subject to public inspection.

You may email or mail your application to: rjtaylor@baytaxcollector.com

Bay County Tax Collector's Office, Attention: Human Resources, P.O. Box 2285, Panama City, FL 32402-2285

Applicant Information

Position Applying For: _____

Date of Application: _____ Referred by Employee: _____

Name: _____
(Last) (First) (Middle)

Other Names Used: _____

Current Address: _____
(Street) City (State) (Zip)

Phone Number: _____ Email: _____

Are you legally eligible to work in the United States? _____ Yes No

The Bay County Tax Collector participates in E-Verify. Proof of U.S. Citizenship or immigration status will be required upon employment.

Are you 21 years of age or older? _____ Yes No

Have you ever been employed with the Bay County Tax Collector's Office? _____ Yes No

If YES, dates of employment and reason for leaving: _____

Are you related to any current employee? _____ Yes No

If YES, their name and relationship to You? _____

Do you have a valid driver license? _____ Yes No

If YES, State of Issuance and Expiration date: _____

Have you ever had your driver's license or driving privileges suspended or revoked? _____ Yes No

If YES, please explain (include when, where, what action was taken): _____

Have you ever resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? _____ Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? _____ Yes No

(Such conviction may be relevant if job related, but does not automatically bar you from employment. Answer "Yes" and explain if you have been convicted of a felony, even if you think the record of the conviction has been sealed, expunged, or otherwise will not be revealed in a record check.)

If yes, please explain: _____

WE TEST TO KEEP OUR WORKPLACE DRUG-FREE

The Bay County Tax Collector's Office is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, national origin, disability, age, pregnancy, sexual orientation, marital status, veteran status, or any other legally protected status.

Education

Name of School	City/ State	Did you Graduate?	Years Completed	Degree Received	Major/ Area of Study
High School:		__ Yes __ No			
GED:					
Other School:					
Job Related Training:					
College:					

Skills

Please list your typing skill level, any technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert). Also, list any foreign languages and level of ability:

Work Experience (*Do not use "See Resume"*)

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments.

PLEASE NOTE: Bay County Tax Collector's Office reserves the right to contact all current and former employers for reference information.

Most Recent Employer	Phone #	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Job Title				
Employer's Address		Full-time or Part-Time? #hrs/wk:		
Immediate Supervisor and Title		Supervisor's Phone #		
Reason for Leaving				
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Employer	Phone #	Dates Employed		Summarize the nature of the work performed and job responsibilities:	
		From	To		
Job Title					
Employer's Address		Full-time or Part-Time? #hrs/wk:			
Immediate Supervisor and Title		Supervisor's Phone #			
Reason for Leaving					
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Phone #	Dates Employed			Summarize the nature of the work performed and job responsibilities:
		From	To		
Job Title					
Employer's Address		Full-time or Part-Time? #hrs/wk:			
Immediate Supervisor and Title		Supervisor's Phone #			
Reason for Leaving					
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Phone #	Dates Employed			Summarize the nature of the work performed and job responsibilities:
		From	To		
Job Title					
Employer's Address		Full-time or Part-Time? #hrs/wk:			
Immediate Supervisor and Title		Supervisor's Phone #			
Reason for Leaving					
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Phone #	Dates Employed			Summarize the nature of the work performed and job responsibilities:
		From	To		
Job Title					
Employer's Address		Full-time or Part-Time? #hrs/wk:			
Immediate Supervisor and Title		Supervisor's Phone #			
Reason for Leaving					
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Phone #	Dates Employed			Summarize the nature of the work performed and job responsibilities:
		From	To		
Job Title					
Employer's Address		Full-time or Part-Time? #hrs/wk:			
Immediate Supervisor and Title		Supervisor's Phone #			
Reason for Leaving					
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

**Copy this page if additional space is needed.

EMPLOYMENT GAPS: Please list any employment gaps in your history. Omission of information may be considered falsification of information.

From (Date)	To (Date)	Description of Gap

REFERENCES: Please list three *professional* references.

Full Name:	Relationship & # of Years Known:
Company:	Phone #:
Address:	

Full Name:	Relationship & # of Years Known::
Company:	Phone #:
Address:	

Full Name:	Relationship & # of Years Known::
Company:	Phone #:
Address:	

Veterans' Preference Information

Veterans' Preference in filling positions is afforded to all individual applicants who are eligible and apply (FS 295.07). Completion of the Veterans Preference section is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the seven Veterans Preference categories.

1. Veterans with a disability who have served on active duty in any branch of the United States Armed Forces, have received an honorable discharge, and 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 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 Veteran:
 - a.) who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or
 - b.) who is missing in action, captured in line of duty by a hostile force, or detained or interned in the line of duty by a foreign government or power.
3. A Veteran of war, who has served at least 1 day during that war time period as defined in FS 1.01 (14) who was discharged or released under honorable conditions or later received an upgraded discharge under honorable conditions, or who has been awarded a campaign or expeditionary badge. Active duty for training shall not be allowed for eligibility under this paragraph.

War Time Periods per FS 1.01(14):

Operation New Dawn - September 1, 2010 to TBD	Operation Iraqi Freedom - March 19, 2003 to TBD
Operation Enduring Freedom - October 7, 2001 to TBD	Persian Gulf War - August 2, 1990 to January 2, 1992
Vietnam Era - February 28, 1961 to May 7, 1975	Korean Conflict - June 27, 1950 to January 31, 1955
World War II - December 7, 1941 to December 31, 1946	

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 service member 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 1.01m(14) Florida Statutes. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions. "Active Duty for Training" may not be allowed under this paragraph.
7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

Name: _____ Position applying for: _____

Do you claim Veterans' Preference? Yes No

If eligible, which Veterans' Preference category are you claiming? _____

(Please indicate corresponding number 1 – 7 from the section above.)

Documentation (DD214 or comparable) MUST be attached.

Branch: _____ Dates of Service: From: _____ To: _____

Type of Discharge: _____ Rank at Discharge: _____

If other than honorable, please explain: _____

Application Acknowledgement & Certification

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

I hereby authorize the Bay County Tax Collector's Office (BCTC) to investigate all statements contained in this application, to interview the reference 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 the Fair Credit Reporting Act. I understand that the scope of the consumer report/investigative report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; any other public records; electronic inquiry related to my background including review of all social networking sites; and information about you concerning your character, general reputation, and personal characteristics, among other relevant things. I authorize any individual, company, firm, corporation or public agency listed to give BCTC all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise. I hereby authorize and request any school, police department, financial institution or other persons having personal knowledge of me to furnish BCTC or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I release all such parties from any liability as a result of their disclosure of information about me to BCTC, including, but not limited to, any liability for defamation or invasion of privacy.

I am authorizing that a photocopy of this authorization be accepted with the same authority as the original. I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me. I also authorize BCTC to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

If I am offered employment, I understand that such an offer will be conditional upon satisfactory results of a background investigation 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 month (180 day) probationary period. I further understand that my employment will be for no definite period, and that I have the right to terminate my employment at will at any time with or without notice or reason, and BCTC has the same right, regardless of the successful completion of my probationary period. I understand that no supervisor or other representative of BCTC other than the Tax Collector has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of appointment or my continued employment that I may be requested by BCTC to submit to a urinalysis or other drug screen/alcohol 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 may result in my immediate dismissal.

Applicant Signature: _____

Date: _____

Equal Employment Opportunity Form (Voluntary Information)

The Bay County Tax Collector's Office is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, national origin, disability, age, pregnancy, sexual orientation, marital status, veteran status, or any other legally protected status.

Dear Applicant:

In order for the Bay County Tax Collector's Office to comply with the Equal Opportunity and Affirmative Action regulations, we are required to compile summary data on the sex, ethnicity, and veteran status of all applicants. The information solicited is collected for the sole purpose of providing data to be used for statistical analysis; therefore, you should not identify yourself on this form. You have the option of supplying or not supplying the information requested. This information, if provided, will neither enhance nor detract from your opportunity for employment with the Bay County Tax Collector's Office.

The information provided on this form will not be made available to those making employment decisions.

Date: _____

Position applying for: _____

Racial or Ethnic Group:

<input type="checkbox"/> American Indian/Alaska	<input type="checkbox"/> Asian/ Pacific Islander
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other

Gender

Male Female

Would any accommodations be necessary in order that all advertised duties and responsibilities could be performed? Yes No

Military Veteran: Yes No

How did you learn about this employment opportunity? Check all that apply:

Social Media Job Bulletin (Posting)/ Walk-in BCTC Website LinkedIn

Bay County Chamber Referred by employee: _____

Other: