



Okaloosa County Property Appraiser

County Administration Building
1250 Eglin Pkwy N Ste 201
Shalimar, FL 32579-1296

AUW_6 i gVYY, CFA
Property Appraiser

Applicant Information

Full Name:		Date:
<i>Last, First Middle Initial</i>		
Mailing Address:		
<i>Street Name / Unit Number</i>		
<i>City, State Zip Code</i>		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Date Available:	Social Security No.:	Desired Salary: \$
Position Applied for:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever worked for Okaloosa County?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any relatives employed by Okaloosa County?
If yes, list name and department:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted or pled nolo contendere (no contest) for any offense against the law? Do you currently have any charges pending for any offense against the law? You may omit any offenses committed before your 21 st birthday which was finally adjudicated in a juvenile court or under a Youth Offender Law. (If yes, give details on a separate sheet.). NOTE: A conviction does not automatically mean you can't be appointed. What you are convicted of and how recently will be evaluated in relation to the position for which you are applying.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a citizen of the United States or alien lawfully authorized to work in the United States?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you use or have you used tobacco products within the last six months?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you at least 18 years of age?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid Florida Driver's License?

How many vehicle citations have you received in the last three years? _____

References

Please list three professional references.

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

Education and Training

High School:		Location:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Location:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Graduate:		Location:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other schools or Training (Trade, vocation, military, business, etc.)	Subject studied:	Length of Course:	Year Completed:
Additional experience, training, education related to position applied for:			
Special qualifications & skills:			
Honors and Extracurricular Activities:			
Can you type? YES <input type="checkbox"/> NO <input type="checkbox"/>	Typing Speed: WPM		
Describe any word processing or computer skills and list all software used:			
Indicate any special skills you possess and equipment you can use which may be related to the position applied for:			
List any licenses or certifications you may have:			

Employment History (Continued)

List sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages, if necessary):

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
Did you receive any training in the U.S. Armed Forces that is relevant to this office? YES NO

If other than honorable, explain:

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

Veteran's Preference

Do you claim veterans' preference? YES NO

(CHAPTER 295, Florida Statutes, exclude non-disabled, retired military person from veterans' preference points)

- A) Based on active duty during wartime or Vietnam era? YES
- B) As a Veteran with a compensable service-connected disability? YES
- C) As the un-remarried spouse of a veteran who was killed in action or who died of a service-connected disability? YES
- 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? YES
- E) Have you used a veteran's preference at any time? YES

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

Appointment Application Certification

I hereby certify that all of the facts and information listed on this appointment application 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 Property Appraiser to investigate all statements contained in this application, to interview the references 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 authorize the references and previous employers listed to give the Property Appraiser all facts, opinions and evaluations concerning my previous employers and any other information they may have, personal or otherwise, and release 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 appointment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Property Appraiser medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probation period. I further understand that my appointment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probation period, at the option of either the Property Appraiser or myself. I understand that no supervisor or other representative of the Property Appraiser, other than the Property Appraiser, has any authority to enter into any agreement for appointment 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 of my continued appointment, that I may be requested by the Property Appraiser to submit to a urinalysis or other drug 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 appointment or may result in my immediate dismissal.

Note: In the event that an applicant is selected for employment, the Social Security number you provide on this document will be used for purposes of: Employment Eligibility, Authorization for Drug/Alcohol Testing, Criminal History Check, Federal requirements, Financial requirements, Retirement, Insurance, Worker's Compensation, Leave Program and Educational Assistance by the Okaloosa County Property Appraiser's Office. All documents will be placed into an individual Personnel File and upon any review by a public entity all Social Security numbers shall be redacted.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview will result in my release.

Signature: _____ Date: _____

You may mail or fax your application to:

Okaloosa County Property Appraiser's Office
Attention: Human Resources
1250 Eglin Pkwy N Ste 201
Shalimar, FL 32579-1296

Phone: (850) 651-7240

Facsimile: (850) 651-7242

Resumes may be emailed to: jwilson@okaloosapa.com

We encourage you to log onto our webpage at www.okaloosapa.com for future vacancy announcements.

Okaloosa County Property Appraiser's Office
1250 Eglin Pkwy N Ste 201
Shalimar, FL 32579
850-651-7240

Dear Applicant:

In order for the Okaloosa County Property Appraiser'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 Property Appraiser's Office. The information provided on this form will not be made available to those making employment decisions.

Ethnic Background (please check the appropriate box)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other |

Sex: Male Female

Date of birth:

Dates of application:

What related accommodations would be necessary in order that all advertised duties and responsibilities could be performed?

**** IMPORTANT- PLEASE READ ****

The immigration Reform and Control Act of 1986 makes it illegal for employers to knowingly hire any unauthorized or illegal alien. Therefore, employers must verify the employment eligibility of all applicants hired. Applicants selected for hire must show an employer documentation to establish United States citizenship or that the individual is a legal permanent resident alien or an alien authorized to be employed in the United States. This documentation is required on or before the date of hire.

If you have any questions regarding what documentation will be required to meet this federal requirement, please check with the Okaloosa County Property Appraiser's Office.

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The Okaloosa County Property Appraiser's Office is an equal opportunity employer. All applicants are considered without regard to race, color, sex, national origin, religion, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Confidential Employee History

Name:

Social Security No:

The information contained herein is confidential and will not be made available for public inspection.

1. Are you now able to perform the duties set forth in the job description or task analysis related to the position for which you have applied, with or without accommodation? YES NO
2. If a test or examination is required for this position, would you be able to take this test or examination with or without accommodations? YES NO
1. Explain what accommodation(s) you would need to perform these tasks or take the test or examination:
3. Do you now, or have you ever possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids or any drug of a similar nature? YES NO
- If yes, please complete the following?
- a. Drug(s):
 - b. Circumstances:
 - c. Number of times possessed/supplied/sold:
 - d. First time possessed/supplied/sold:
 - e. Last time possessed/supplied/sold:
4. Do you currently use any narcotic or controlled substances such as those listed in question 4, or have you used such a narcotic or controlled substances within the last year? YES NO

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN (last 4 digits) _____

Agency Name _____

Previous or Current FRS Employer _____

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (**also complete Section III or IV**)¹

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

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through the 12th months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) 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.

SIGNATURE

DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan was _____.

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized 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 unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCSORP, or SMSOAP members who retire on or after July 1, 2010.