



Mike Moran
TAX COLLECTOR
 Sarasota County, Florida

101 S. Washington Blvd.
 Sarasota, Florida 34236-6993
 941.861.8300
Employment@SarasotaTaxCollector.gov
www.SarasotaTaxCollector.gov

EMPLOYMENT APPLICATION

All information contained in this application will be public record as soon as it is transmitted to the Tax Collector. If this is not acceptable, do not complete or transmit any part of the application.

 Last Name First Name MI Preferred Name

 Street Address City State Zip Code

 Primary Phone Number (Mobile Home) Primary Email Address

 Date(s) Available to Start Secondary Email Address and/or Phone Number

Did anyone refer you to us? Yes No If "Yes," please specify: _____

How did you hear about the opening? Our Website Indeed Facebook Other: _____

Availability (check all that apply): Full-Time Part-Time

All location(s) you are able to work: Downtown Sarasota (101 S. Washington Boulevard (U.S. 301))
Mid-County (6100 Sawyer Loop Road)
Venice (4000 S. Tamiami Trail (U.S. 41))
North Port (4970 City Hall Boulevard)

Do you have any relative(s) currently employed by the Tax Collector? Yes No If "Yes," please specify name(s) and relationship(s): _____

Have you previously been employed by any of the following Florida local government entities/offices: (a) Sarasota County's Tax Collector, Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Sheriff's Office, or Supervisor of Elections; or (b) any other Florida County Tax Collector? Yes No

If "Yes," please specify: _____

EDUCATION AND TRAINING

High School(s) name(s) and location(s):

High School Diploma G.E.D. Certificate Highest Grade Completed:

Post-Secondary Education (check all that apply):

A.A. B.A. / B.S. M.A. / M.S. Doctorate Other:

School Attended	From	To	Area of Study	Degree Obtained

Vocational, Trade, Business, Armed Forces, or other schools or special training:

School Attended	From	To	Area of Study	Degree/Certification Obtained

License(s) or Certification(s) held (other than driver's license), such as Emergency Medical Technician, Real Estate Broker, etc.:

License Type and Number	Issued By	Expiration Date

Are you proficient in English? **Yes No**

Are you proficient in any other languages? **Yes No** If "Yes," please list: _____

Are you proficient with a computer keyboard? **Yes No**

Software proficiency (check all that apply): Windows Word Excel Access PowerPoint
Outlook Teams TaxSys PaymentExpress FLHSMV applications Other: _____

LEGAL MATTERS

Have you ever worked under a different name? Yes No If "Yes," specify all name(s): _____

The Tax Collector only hires U.S. Citizens and lawfully authorized alien workers. Identification and proof of citizenship or authorization will be required if a conditional job offer is made.

- Are you a U.S. Citizen? Yes No
- If "No," are you a lawful permanent resident or person granted refugee or asylee status and authorized to work in the United States? Yes No
- Will you now or in the future require sponsorship to work in the U.S.? Yes No

Do you have a valid Florida Driver's License? Yes No If another state, please specify: _____

Have you ever been convicted of or pled *nolo contendere* (no contest) to a felony or misdemeanor? (Note: A "Yes" to this question will not necessarily disqualify you from employment. The nature, severity, and date of the offense(s) will be considered in relation to the position(s) for which you are applying.) Yes No

Have you ever had your Driver's License suspended or revoked? Yes No

Have you had ANY traffic citations in the last five (5) years? Yes No

WORK EXPERIENCE

In the last ten (10) years, have you left a job due to mutual dissatisfaction, termination, or resignation to avoid being fired? Yes No

Please complete your entire employment history starting with your current / most recent employer. For any unemployed or self-employed periods, show dates (month and year) and locations. If you have a resume, you may attach it; however, all information requested below must be completed if it is not included on the resume. If additional space is needed, additional copies of this Page 3 may be submitted.

Employer:	Title:
Address:	Reason For Leaving:
City, State:	Employment Dates:
Zip Code:	Monthly Earnings:
Supervisor:	Hours Per Week:
Phone #: May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Emp. You Supervised:
Job Description:	
<hr/>	
Employer:	Title:
Address:	Reason For Leaving:
City, State:	Employment Dates:
Zip Code:	Monthly Earnings:
Supervisor:	Hours Per Week:
Phone #: May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Emp. You Supervised:
Job Description:	
<hr/>	
Employer:	Title:
Address:	Reason For Leaving:
City, State:	Employment Dates:
Zip Code:	Monthly Earnings:
Supervisor:	Hours Per Week:
Phone #: May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Emp. You Supervised:
Job Description:	

Employer:	Title:
Address:	Reason For Leaving:
City, State:	Employment Dates:
Zip Code:	Monthly Earnings:
Supervisor:	Hours Per Week:
Phone #: May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Emp. You Supervised:
Job Description:	
Employer:	Title:
Address:	Reason For Leaving:
City, State:	Employment Dates:
Zip Code:	Monthly Earnings:
Supervisor:	Hours Per Week:
Phone #: May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Emp. You Supervised:
Job Description:	
Employer:	Title:
Address:	Reason For Leaving:
City, State:	Employment Dates:
Zip Code:	Monthly Earnings:
Supervisor:	Hours Per Week:
Phone #: May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Emp. You Supervised:
Job Description:	

VETERANS' PREFERENCE

Veterans' Preference is extended to certain eligible veterans and spouses. To claim Veterans' Preference, check which applies.

<input type="checkbox"/> (a)(1)	Those disabled veterans:...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.
<input type="checkbox"/> (a)(2)	Those disabled veterans:... Who are receiving compensation, disability retirement benefits, or pension pursuant to public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.
<input type="checkbox"/> (b)	The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person 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.
<input type="checkbox"/> (c)	A wartime veteran as defined in s. 1.01(14) , who has served at least 1 day during a wartime period.

	Active duty for training may not be allowed for eligibility under this paragraph.
<input type="checkbox"/> (d)	The unmarried widow or widower of a veteran who died of a service-connected disability.
<input type="checkbox"/> (e)	The mother, father, legal guardian, or unmarried 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.
<input type="checkbox"/> (f)	A veteran as defined in s. 1.01(14) . Active duty for training may not be allowed for eligibility under this paragraph.
<input type="checkbox"/> (g)	A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

Branch of Service

Date of Entry

Date of Honorable Discharge

Veterans are encouraged to apply. Veterans' Preference ensures that veterans and other eligible persons are given consideration at each applicable 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, Fla. Stat.](#) (as amended), specifies who is eligible for Veterans' Preference. State of Florida residency is not required for Veterans' Preference. Any Veterans' Preference qualifying U.S. citizen or lawfully authorized alien worker in the United States can apply with a political entity in the State of Florida and request Veterans' Preference on their job application.

The burden is on the applicant to provide all pertinent information. All applicants claiming Veterans' Preference must submit a Form DD-214 (member copy #4) or comparable discharge, separation, or current reserve documentation that indicates the character of service as honorable. In addition, all applicants must also furnish the applicable supporting documentation in accordance with the provisions of [Rule 55A-7.013, F.A.C.](#) ("Documentation of Preference Claim"). All required documents must be submitted no later than the closing date of the job announcement. If a position is "open until filled," all required documents must be submitted no later than 5p.m. ET on the date that is seven (7) calendar days after your application date.

If a qualified applicant claiming Veterans' Preference believes s/he was not appropriately afforded employment preference, s/he may file a complaint at VeteransPreference@FDVA.fl.gov or "Florida Department of Veterans' Affairs, Attn: Veterans' Preference Coordinator, 11351 Ulmerton Road, Suite 311, Largo, Florida 33778-1630." The complainant must file a complaint within sixty (60) calendar days from the date they receive notice of non-select from the hiring agency.

STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION
IMPORTANT INFORMATION - PLEASE READ

1. By Florida law, all information contained in this application will be public record as soon as it is transmitted to the Tax Collector. If this is not acceptable, do not complete or transmit any part of this application.
2. Employment with the Tax Collector is "at will" (non-career service).
3. The Tax Collector is an equal opportunity/affirmative action/ADA-compliant employer and does not discriminate in hiring. It is unlawful to discriminate on the basis of age, color, disability, marital status, national origin, political affiliation, pregnancy, race, religion, or sex, unless a specific job requirement constitutes a *bona fide* occupational qualification. All are encouraged to apply. Individuals with a disability, who require special accommodations during the selection process, should notify the Human Resources Department at 941.861.8352 or Employment@SarasotaTaxCollector.gov.
4. The Tax Collector makes every effort to accommodate individual location and schedule preferences. However, work needs and changes may make the following conditions mandatory: overtime, rotating work schedule, a work schedule other than Monday through Friday, and location(s) and job reassignments.
5. The Tax Collector only hires U.S. Citizens and lawfully authorized alien workers. Identification and proof of citizenship or authorization will be required if a conditional job offer is made.
6. A false answer or any material misrepresentation and/or omission to any question in this application may be grounds for not employing you, or dismissing you after you begin work, which may negate any continuing benefits for which you may otherwise be eligible.
7. Offers of employment are contingent on the results of background screening, reference check, and

verification of driving record.

8. If employed by the Tax Collector, other potential future employers may contact the Tax Collector from time-to-time for job-related information, and the Tax Collector may provide factual job-related information to potential future employers upon their request.

I HEREBY:

- (a) affirm I have read and understand all the information above and agree to the terms provided therein;
- (b) affirm that I have answered all requests for information in this application as fully and accurately as possible;
- (c) give the Tax Collector permission to make a thorough background investigation and verify all other data I have provided, except where otherwise indicated, including, but not limited to, my criminal/legal background, work, education, and driving records; *and*
- (d) release the Tax Collector from any liability (if any) which may result from furnishing the information in this application to anyone and/or furnishing factual job-related information to potential future employers.

Signature of Applicant

Date

VOLUNTARY PERSONAL DATA SURVEY

THE SURVEY ON THE FOLLOWING PAGE IS VOLUNTARY. ANSWER ANY OR ALL QUESTIONS AT YOUR DISCRETION. THIS INFORMATION IS FOR EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION REVIEW. IT WILL NOT BE CONSIDERED IN YOUR EMPLOYMENT APPLICATION.

The Tax Collector is an equal opportunity/affirmative action/ADA-compliant employer and does not discriminate in hiring. It is unlawful to discriminate on the basis of age, color, disability, marital status, national origin, political affiliation, pregnancy, race, religion, or sex, unless a specific job requirement constitutes a *bona fide* occupational qualification. All are encouraged to apply. Individuals with a disability, who require special accommodations during the selection process, should notify the Human Resources Department at 941.861.8352 or Employment@SarasotaTaxCollector.gov.

My answers to the voluntary personal data survey are on the next page.

I prefer not to answer.

{THIS SPACE INTENTIONALLY LEFT BLANK}

{VOLUNTARY PERSONAL DATA SURVEY ON FOLLOWING PAGE}
VOLUNTARY PERSONAL DATA SURVEY

Name: _____

Sex: Male Female

Date of Application: _____

Position(s) applied for: _____

What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

American Indian or Alaska Native – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.: _____

Asian – Provide details below.

- Chinese Asian Indian Filipino
- Vietnamese Korean Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.: _____

Black or African American – Provide details below.

- African American Jamaican Haitian
- Nigerian Ethiopian Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.: _____

Hispanic or Latino – Provide details below.

- Mexican Puerto Rican Salvadoran
- Cuban Dominican Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.: _____

Middle Eastern or North African – Provide details below.

- Lebanese Iranian Egyptian
- Syrian Iraqi Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.: _____

Native Hawaiian or Pacific Islander – Provide details below.

- Native Hawaiian Samoan Chamorro
- Tongan Fijian Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.: _____

White – Provide details below.

- English German Irish
- Italian Polish Scottish

Enter, for example, French, Swedish, Norwegian, etc.: _____

{END OF EMPLOYMENT APPLICATION DOCUMENT}