



HIGHLANDS COUNTY SUPERVISOR OF ELECTIONS
HUMAN RESOURCES DEPARTMENT
APPLICATION FOR AT-WILL EMPLOYMENT

P.O. BOX 3448, SEBRING, FL 33871-3448

◆ FAX (863) 402-6657 ◆ PHONE (863) 402-6655 ◆ WEB www.votehighlands.com

We consider applicants for all positions without regard to race, color, sex, marital status, religion, creed, national origin, political opinions or affiliations, age, the presence of a non-job related medical condition or disability, or any other legally protected status. The information requested on this application is required by law and/or by the Supervisor of Elections personnel rules and regulations and is necessary to be evaluated for employment. In accordance with the ADA, we provide reasonable accommodation upon request. **Drug-Free Workplace Policy:** In accordance with F.S. 112, Highlands County Supervisor of Elections is a drug-free workplace and a tobacco free campus. Applicants and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty; and (5) follow up on routine fitness for duty. Drug and alcohol testing of employees holding commercial drivers' licenses is conducted per federal law and regulation 49 CFR Part 382.103/107. **All information provided will be verified. If employed, this document will become part of your permanent personnel file.**

Please consider me for the following position: (Note: A separate application and supporting documents must be submitted for each position):

Position title

Job code

Check **ONLY** one: Full-time ☐ Part-time ☐ Temporary ☐

I can start work on ____/____/____ Do you intend to provide notice to your current employer? Yes ☐ No ☐

APPLICANT INFORMATION (Type or print legibly in ink only.)

This application **must** be completed in its entirety and signed. Please indicate NA (not applicable) in any section that does not apply. A résumé may be attached, but ***DOES NOT*** substitute for a fully completed application. **Late, unsigned or incomplete applications will not be considered.** Include with your application all documentation supporting that you meet the minimum requirements of the position (for example, photocopy of a CDL-B, registration as a professional engineer, OFFICIAL transcripts, etc.)

Last Name

First Name

MI

Home address (number and street)

City

County

State

Zip code

Home phone () _____ Business () _____ Cell () _____

E-mail Address: _____ Are you legally eligible for employment in the U.S.? Yes ☐ No ☐

Do you have a valid Florida driver license? Yes ☐ No ☐ Check Class: **CDL** ☐ A ☐ B ☐ C **Regular License** ☐ E

RELATIVES IN THE SUPERVISOR OF ELECTIONS OFFICE EMPLOYMENT

To your knowledge, do you have any relatives working for Highlands County? Yes ☐ No ☐

If yes, please complete the following:

Name: _____ Position Held: _____ Relationship: _____
Name: _____ Position Held: _____ Relationship: _____

PRIOR TERMINATIONS

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes ☐ No ☐

If yes, give details, including the name of employer and supervisor who terminated your employment and the reason you were told you were terminated.

CRIMINAL HISTORY INFORMATION - A CRIMINAL HISTORY INFORMATION SCREENING WILL BE CONDUCTED ON THE SUCCESSFUL APPLICANT. IF YOUR ANSWERS TO THE QUESTIONS BELOW DO NOT ACCURATELY AND COMPLETELY REFLECT YOUR CRIMINAL HISTORY, YOU MAY BE ELIMINATED FROM FURTHER CONSIDERATION FOR THE VACANCY.

If you are not sure or cannot remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. A "Yes" answer to any question(s) will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

1. Have you ever been convicted of a felony or a first-degree misdemeanor? Yes ☐ No ☐
2. Have you ever had the adjudication of guilt withheld for a felony or first-degree misdemeanor? Yes ☐ No ☐

If you answered "Yes" to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first degree misdemeanor:

CHARGE	DATE OF DISPOSITION	COUNTY/STATE

EDUCATION (Notes: May need to provide copies of transcripts or degrees)

High School				Highest Grade Completed	Check One		
High School Name	Location (City, State)				Diploma	GED	Or Equivalency
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your name, if different than application.							
Name of College/University/Professional School	Location (City, State)	Dates Attended Month/Year		Hours Earned or Total Credits	Course of study or Major (i.e. Business Mgt.)	Degree and Field (AA, AS, BS, MS, PhD...)	Date awarded (Month/Year)
		From	To				
Name of Tech/Vocational/Military School	Location (City, State)	Dates Attended Month/Year		Hours Earned or Total Credits	Course of study or Major (i.e. Business Mgt)	Degree and Field (AA, AS, BS, MS, PhD)	Date awarded (Month/Year)
		From	To				
List any current licenses, registrations, or certifications	License, registration, or certificate number	Dates received		Dates expires			

PROFESSIONAL REFERENCES (Exclude relatives and friends.)

Name	Occupation	Complete address Number, street, city, state, zip	Phone number (Area code) number	Years known
1.				
2.				
3.				

WORK HISTORY

Begin with your current or most recent employer and provide your *complete* work history. Attach additional pages as necessary. May indicate, “See attached résumé”.

From:	To:	Employer name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week/Year: Hour <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/>		
Reason for leaving:		
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Employer telephone number:
From:	To:	Employer name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week/Year: Hour <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/>		
Reason for leaving:		
From:	To:	Employer name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week/Year: Hour <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/>		
Reason for leaving:		

WORK HISTORY *continued.* Attach additional pages as necessary. **May** indicate “See attached résumé”.

From:	To:	Employer name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week/Year: Hour <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/>		
Reason for leaving:		
From:	To:	Employer name:
Title:		Address:
Supervisor Name:		Responsibilities:
Last Salary per Week/Year: Hour <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/>		
Reason for leaving:		

SKILLS AND QUALIFICATIONS

Summarize your special skills and qualifications.

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CERTIFICATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I certify that all statements made in this application are true. I further acknowledge that should Highlands County Supervisor of Elections employ me, any misstatements of fact contained herein may be cause for termination. ***[Under Florida's Government-in-the-Sunshine Law, applicants for employment with a public agency (such as Highlands County Supervisor of Elections) are subject to public disclosure .]***

I authorize Highlands County Supervisor of Elections to make lawful inquiries regarding both my past and present employment and to release from liability all those supplying information. If employed, I agree to comply with all policies, rules and regulations.

Applicant signature: _____ **Date:** _____

VETERANS' PREFERENCE INFORMATION

Veterans' Preference Policy: Highlands County Supervisor of Elections affords veterans preference in employment in accordance with F.S. 295. If you are requesting Veterans' Preference, a copy of your most recent DD-214 must be submitted with this application. Completion of the Veterans' Preference Claim below is made on a voluntary basis. The four Veterans' Preference categories are listed below. If you select category 1, 2 or 4, this form will be kept confidential in accordance with the Americans with Disabilities Act (ADA).

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administrated by the U.S. Department of Veterans' Affairs and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Force Expeditionary Medal or Global War on Terrorism Expeditionary Medal, if otherwise eligible.

You must provide a DD-214 or comparable official document to serve as a certificate of release or discharge at the time of application. In addition, if you claim preference under categories 1, 2, or 4 above you must furnish documentation per Rule 55A-7.013, F.A.C. War periods are defined in Section 1.01, F.S. Veterans' Preference expires after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida Law, preference in appointment will be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. You also must be a Florida resident to be eligible.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he or she may file a complaint with the Florida Department of Veteran's Affairs, P.O. Box 31003, St. Petersburg, FL 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM (Must be completed)

BLOCK 1 (Complete if requesting the Veteran's Preference)

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

(Check the number from Veterans' Preference Information section above.) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Have you ever been employed by any governmental entity within the State of Florida? Check One: Yes ☐ No ☐

Are you a resident of the State of Florida? Check One: Yes ☐ No ☐

Note: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing at the time of application a DD-214 (Certificate of Release or Discharge from Active Duty) and any other required documentation.

Signature _____

Date _____

BLOCK 2 (Complete if "NOT" requesting the Veteran's Preference)

I declare that I *am not* claiming Veterans' Preference in this application.

Signature _____

Date _____

Voluntary Equal Employment Opportunity Data

Highlands County Supervisor of Elections is subject to governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite candidates to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusing to provide it will not subject you to any adverse treatment. The information you submit is kept confidential and is used only in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring the information be summarized and reported to the federal government for civil rights enforcement. When reported, the data does not identify any specific individual.

Please identify your race and ethnicity by choosing one of the listed choices.

— **Hispanic or Latino**

— **White** (Not Hispanic or Latino)

— **Black or African American** (Not Hispanic or Latino)

— **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino)

— **Asian** (Not Hispanic or Latino)

— **American Indian or Alaska Native** (Not Hispanic or Latino)

— **Two or More Races** (Not Hispanic or Latino)

Please print legibly in ink only.

Name: _____
Last First Middle

Birth date: (xx/xx/xxxx): _____

Gender: Female _____ Male _____

Place of birth: _____ **Country of citizenship:** _____

Race and ethnicity: _____
Indicate *one* choice from the categories listed above.