

NOTICE TO APPLICANTS:

Dear Applicant,

Thank you for your interest in working with the Washington County Supervisor of Elections, please refer to the instructions below to apply for vacancies within our agency. Applications need to be completed only once every three (3) months. Please see the contact information below for information on how to contact the Elections office.

Sincerely,

Carol F. Griffin
Supervisor of Elections

***Candidates will be selected from applicants who adhere to the below listed requirements. Applicants will be notified if they are selected for an interview.**

ALL APPLICANTS PLEASE NOTE:

Applications and letters of interest will be accepted via post mail, facsimile, email, and hand delivery. Telephone inquiries WILL NOT be considered. **APPLYING FOR ADVERTISED POSITIONS:** Vacancies are advertised with the Chipley One Stop Career Center, on the various County office bulletin boards and occasionally with area newspapers.

- Submit an Employment Application AND letter of interest for advertised vacant position. Resumes may be submitted if desired. Employment Applications stay on file for three (3) months from the date they are turned in. After three (3) months Employment Applications are void.
- If an Employment Application is already on file, a letter of interest stating the position you are applying for MUST be submitted during the time of the advertised vacancy. Resumes may be submitted if desired. Please NOTE: Telephone inquires will not be considered as interested applicants.

ALL submissions MUST be received in Elections office by the closing date of the vacancy advertisement.

CONTACT INFORMATION:

Washington County Board Supervisor of Elections
Attn: Employment
1331 South Boulevard, Suite 900, Chipley, FL 32428

Phone: 850-638-6230 Fax: 850-638-6238

www.wcsoe.org
cgriffin@wcsoe.org

Washington County is an Equal Opportunity Employer and a Drug-Free Workplace.

APPLICATION FOR EMPLOYMENT WASHINGTON COUNTY SUPERVISOR OF ELECTIONS, 1331 SOUTH BLVD., CHIPLEY, FL 32428

*After completion, please return to the Elections office. Phone: 850-638-6230 Fax: 850-638-6238 **Equal Opportunity Employer / A Drug-Free Workplace**

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

Please NOTE: Although we welcome your resume as an addendum, **your resume will not substitute for completion of this application.** To be eligible for consideration, please fill out all sections of the application.

(PLEASE PRINT OR TYPE) Date of Application: _____ Position for which applying: _____ Department: _____
Referral Source: Advertisement Friend Relative Walk-In Employment Agency Other: _____ Name: _____ (Last)

(First) (Middle) Mailing Address: _____ (City, State, Zip) Phone Number: _____ Alt. Phone Number: _____
Social Security Number: _____ Are you at least 18 years of age: Yes No Driver's License No: _____ State: _____ Class: _____ Endorsement(s): _____ Are you legally authorized to work in the United States? Yes No Have you ever worked for Washington County? Yes* No * If yes, indicate the department, position, and reason for leaving.

Have you carefully read the job requirements? Yes No Can you perform all the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No* On what date would you be available to work? _____ Are you available to work? Full-time Part-time Shift Work Temporary Can you travel if a job requires it? Yes No

Have you ever been convicted of, and/or pled no contest and/or pled guilty to any violation of any federal, state, county or municipal law, regulation or ordinance, including felonies, misdemeanors, and traffic violations other than non-moving violations; had an adjudication withheld for a criminal offense; entered a pre-trial intervention or diversion program, or been placed on court-ordered probation? *If you do not understand this question, you must ask for clarification. Yes ** No (This is not necessarily a disqualifier). **If yes, please explain in detail, including the state, date of offense, court, type of crime, and disposition.

EDUCATION *Note: A copy of the certificates listed below MUST be provided with application. Examples: High school diploma, GED certificate, etc. **SCHOOL GRADES ELEMENTARY** (Circle highest level completed)

_____ 5 6 7 8 HIGH SCHOOL (Circle highest level completed) _____ 9 10 11 12 – Did you graduate? Yes

No List below names of colleges, business, or trade or vocational schools: **SCHOOL MAJOR Did you graduate?**

DATE _____ Yes No _____

_____ Yes No _____

_____ Yes No _____ Describe

specialized training, apprenticeship, skills and extra-curricular activities:

VETERANS' PREFERENCE CLAIM Do you wish to claim Veterans' Preference? Yes No If eligible, which Veterans' Preference category are you claiming? _____ (Please indicate number from Veterans' Preference information sheet – see last page of application.) Branch of Service: _____ Dates of Service (from – to): _____

_____ A DD-214 or comparable document indicating the character of service which serves as a certificate of release or discharge **must be furnished at the time of application.**

In addition, applicants claiming categories 1, 2, 3, or 5 must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in § 1.01 F.S.

PREVIOUS EMPLOYERS Start with your present or last job. Include military service assignments and volunteer activities. If you need additional space, please continue on a separate sheet of paper. **Please remember that resumes are not a substitute for the completion of this information.**

1.) Employer: _____ Phone number: _____
Address: _____ Job
Title: _____ Dates Employed: _____
Work Performed: _____
Supervisor: _____ Reason for Leaving: _____ Hourly
Salary (Starting) \$ _____ (Ending) \$ _____ \$ _____ May Washington County
contact the employers listed above to verify the information you have provided? Yes No

2.) Employer: _____ Phone number: _____
Address: _____ Job
Title: _____ Dates Employed: _____
Work Performed: _____
Supervisor: _____ Reason for Leaving: _____ Hourly
Salary (Starting) \$ _____ (Ending) \$ _____ May Washington County contact the employers
listed above to verify the information you have provided? Yes No

3.) Employer: _____ Phone number: _____
Address: _____ Job
Title: _____ Dates Employed: _____
Work Performed: _____
Supervisor: _____ Reason for Leaving: _____ Hourly
Salary (Starting) \$ _____ (Ending) \$ _____ May Washington County contact the employers
listed above to verify the information you have provided? Yes No

4.) Employer: _____ Phone number: _____
Address: _____ Job
Title: _____ Dates Employed: _____ Work
Performed: _____ Supervisor:
_____ Reason for Leaving: _____ Hourly Salary
(Starting) \$ _____ (Ending) \$ _____ May Washington County contact the employers listed
above to verify the information you have provided? Yes No

Have you ever been terminated or asked to resign from employment? Yes No If yes, please explain:

Special skills, qualifications, certificates, or licenses or endorsements:

List professional, trade, business or civic activities and office held. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Do you have any relatives employed by Washington County? Yes* No *If yes, please provide the following information: **NAME RELATIONSHIP DEPARTMENT**

PERSONAL REFERENCES Give names, addresses, and telephone numbers of three references who are not related to you. Please use references that can give a reference regarding your character, integrity, work ethic, and other personal attributes. **NAME CONTACT INFORMATION**

- 1.) _____
- 2.) _____
- 3.) _____

APPLICANT'S CERTIFICATION *Please read carefully* I understand that applications submitted for County employment are public records. I certify that the answers given herein are true and correct to the best of my knowledge. This application for employment shall be considered active for a period of time not to exceed six months. I have read page one of this application packet and understand the application process. I understand that any false or incomplete statement, misrepresentation, or omission of facts, may be cause for denying me the right to employment or for my later dismissal. I agree, if hired, to abide by all policies, rules, and regulations of Washington County. I understand that this document, nor any offer of employment from the employer, constitute an employment contract unless a specific document to that effect is executed by the employer and the employee in writing. I authorize an investigation of all statements and information contained in this application for employment as may be necessary in arriving at any employment decision. To the extent permitted by law, I waive any legal requirements to provide notice to me regarding reports or records given or received in accordance with this authorization. Accordingly, all third parties are authorized to disclose any and all information to the County as a prospective employer and I hereby release Washington County and all persons or organizations from any liability arising from any actions taken under these authorizations. I understand that this application is valid only for the position indicated, and I must reapply for future vacancies. I freely and voluntarily agree to submit to a drug test as a part of my application for employment. I understand that either my refusal to submit to the drug test or a positive test result for illegal drugs will disqualify me from further consideration for this position. I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

EEO SURVEY Applicants are considered for all positions, and all employees are treated equally during employment without regard to race, color, religion, gender, national origin, handicap or other legally protected status. Although the following information is not mandatory, it is requested to assist the County in its commitment to Equal Employment Opportunities. This data is for periodic government reporting and will be kept in a separate file. Date of Application:

_____ Position for which applying:

_____ Department: _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency

Other: _____

Check One: Gender Male Female Race/Ethnic Group White Black Hispanic

American Indian/Alaskan Native Asian/Pacific Islander

STATUS OF PREFERENCE 1) Honorably discharged disabled Veteran who has a service connected, compensable disability. 2) The spouse of a totally disabled Veteran, who because of this disability cannot qualify for employment. 3) The spouse of any person missing in action, captured in the line of duty, or forcibly detained. 4) A Veteran of any war who served during a wartime era. "Wartime era" includes: a) World War II: December 7, 1941 to December 31, 1946; b) Korean Conflict: June 27, 1950 to January 31, 1955; c) Vietnam Era: February 28, 1961 to May 7, 1975; d) Persian Gulf War: August 2, 1990 to January 1, 1992; e) Korean Conflict: June 27, 1950 to January 31, 1955; f) Vietnam Era: February 28, 1961 to May 7, 1975; g) Persian Gulf War: August 2, 1990 to January 2, 1992. h) Operation Enduring Freedom: October 7, 2001 to date to be determined. i) Operation Iraqi Freedom: March 19, 2003 to date to be determined.

j) U.S. Combat Campaigns and Expeditions as listed in Chapter 2003-42, Laws of Florida. For a complete listing please look under the Veterans' tab on the Human Resources website. http://www.washingtonfl.com/humanresources/status_of_preference.htm 5) The unmarried widow or widower of a Veteran who died of a service connected disability; 6) A Veteran of U.S. Combat Campaigns or Expeditions that qualify for preference as defined by law (possesses Armed Forces Expeditionary Medal - AFEM). Should you qualify for the preference under any category and wish to assert it, please state the status of your preference (one of the above listed categories) on the application for employment in the military section. Documentation (DD214 or comparable documentation substantiating your claim) MUST BE FURNISHED AT THE TIME OF APPLICATION TO BE ELIGIBLE. Please mail, fax, or bring in the documentation immediately after submitting your application for employment. If claiming preference due to disability, a letter that is less than one year old from the Veteran's Administration stating disability percentage must be submitted in addition to the DD214. If an applicant claiming Veterans' Preference is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, Florida 33778-1630. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision or with 3 months of the date the application is filed if no notice is given.

FOR ADDITIONAL INFORMATION ON VETERANS' PREFERENCE, THE FOLLOWING LINK IS PROVIDED AS A PUBLIC SERVICE:
<http://www.floridavets.org/benefits/veteranspref.asp> The Washington County Supervisor provides assistance to Veterans through their Veterans' Service Office. Contact, Amy Simmons, VSO at 850-638-6140, for further information. HR 02/20/09
