



# JACKSON COUNTY EMPLOYMENT APPLICATION

HUMAN RESOURCES DIRECTOR, 2864 Madison Street, Marianna, FL 32448-4621

www.jacksoncountyhr.org/ PH (850) 482-9633 FAX (850) 482-9643

## INSTRUCTIONS:

You must complete an application to be considered for employment with Jackson County. All applications should be filed directly with the Human Resources Office by mail or in person. To enable the Human Resources Office to process your application quickly and accurately please follow these instructions.

- A. Print in ink or type all information. Avoid abbreviations, if possible.
- B. Complete all items that apply to you. Incomplete applications cannot be processed and you will not be considered for employment.
- C. Keep copies of your completed application for later use. Applications and/or copies of documents will not be returned.
- D. Notify the Human Resources Director if you change your name or address.
- E. In the section on the previous employment, first complete information for each previous position. Start with present or most recent employer. List in order previous employment and any periods of unemployment.
- F. APPLICATIONS MUST BE SIGNED AND DATED. Unsigned applications cannot be processed, and you will not be considered for employment.
- G. We will accept applications only for those positions which have been advertised. Applications will not be kept on-file.

## INFORMATION FOR EQUAL EMPLOYMENT

TO ALL APPLICANTS: The following information is requested to aid Jackson County in its commitment to Equal Employment Opportunity. Your application will not be rejected because of your race, color, sex, religion, creed, disability, national origin, political beliefs, or age except as provided by law.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male Female

Do you claim veteran's preference? No Yes, You must attach a Copy of DD214 and PD Form NO. 10/89

### RACIAL/ETHNIC DATA:

Please identify yourself in terms of racial/ethnic groups below.

Click on box above, and select data by using arrows on right side.

Referred by:

Click on box above, and select data by using arrows on right side.

I understand and agree that:

1. ANY MATERIAL MISREPRESENTATION OR DELIBERATE OMISSION OF A FACT IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL OF, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT.
2. It is my understanding that Jackson County Human Resources Office will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Human Resources Office and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by Jackson County at any time without liability for wages or salary except such as may have been earned at the date of such termination. I authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the duties required.
4. I hereby agree that the employees of Jackson County are relieved of any liability for information released concerning my employment to any future employer.
5. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
6. Persons on initial probationary status have no appeal rights.

I further understand that this is an application for employment and that no employment contract is being offered.

DRUG TESTING IS CONDUCTED ON A RANDOM BASIS FOR EMPLOYEES.

I have read and understand the above.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Jackson County Fire/Rescue Applicants ONLY:**

**As an applicant for Fire and Rescue, I understand that I must be free from the use of tobacco and tobacco products twelve (12) months prior to application for Fire Standards certification.**

ARE YOU INTERESTED IN:                      AUXILIARY                      FULL TIME                      BOTH

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**  
**JACKSON COUNTY FLORIDA**

**FOR OFFICE USE**

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|--|--|
|  |  |
|--|--|

\*Applicants for Corrections must submit form JCCF 1/10/01

Title of position for which you are applying: \_\_\_\_\_

1. \_\_\_\_\_  
 Last Name First Name Middle Name Maiden Name

2. \_\_\_\_\_  
 Mailing Address City State Zip

3. \_\_\_\_\_  
 Cell Number Home Number

4. U.S. Citizen: No Yes If no, do you possess an I-151 card, an I-551, or an I-94 card stamped "employment authorized"? Yes No

5. Have you ever been convicted or entered a plea of nolo contendere or had adjudication withheld to a felony or 1st degree misdemeanor?  
 Yes No

If yes, what were the charges? \_\_\_\_\_

State and County of offense \_\_\_\_\_ Date: \_\_\_\_\_

\*Will not necessarily bar you from employment. The nature, severity and date of offense in relation to the position for which you've applied are considered.

6. Education Data: Last year completed for: High School College/University  
 Scroll on boxes above to select number.

| Name                                       | Address | Graduation Date | Did you Graduate |     |
|--|---------|-----------------|------------------|-----|
| High School                                | _____   | _____           | No               | Yes |
| College                                    | _____   | _____           | No               | Yes |
| Vocational/<br>Training School<br>& Course | _____   | _____           | No               | Yes |

7. List any professional or occupational license, name and number, and date of expiration \_\_\_\_\_

8. Florida drivers license number \_\_\_\_\_ Operator \_\_\_\_\_ Commercial \_\_\_\_\_  
 List Class

9. Date eligible to start employment \_\_\_\_\_

10. Person to be contacted in case of emergency (name & phone number) \_\_\_\_\_

11. Do you have any relatives that work with the Jackson County Commission/Correction Facility? Yes No

If yes, name of individual(s) and Department they work for \_\_\_\_\_

12. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held?

No Yes IF YES, FILL IN THE FOLLOWING INFORMATION

Employer's name and address \_\_\_\_\_

Date and Reason \_\_\_\_\_

**NOTE: Florida Public Records Law prohibits Jackson County from keeping any information confidential except records on Corrections and Fire Personnel.**



**VETERAN'S PREFERENCE  
FORM PD 10/89 (Rev 7/03)**

Veteran's Preference: Check the appropriate block if you are claiming veteran's preference.  
Documentation substantiating your claim must be furnished at the time of application.

\_\_\_\_\_ 1. A Veteran with a compensable service-connected disability who is receiving compensation or pension from the VA, or D.O.D. disability retirement or pension under public laws administered by the U.S. Veteran's Administration 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 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was discharged or separated there from with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era. Active duty for training is not allowable.

\_\_\_\_\_ 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

\_\_\_\_\_ 5. Veterans who served in a campaign or expedition for which a campaign badge has been authorized by the Department of Defense (Any Armed Forces Expeditionary Medal is qualifying for veteran's preference.

DD Form 214, Certificate of Discharge or Separation from Active duty, or other official documents (to include military discharge papers, or equivalent certification from the DVA listing military status, dates of service, and discharge type) issued by the branch of service are required as verification of eligibility for veteran's preference.

Have you claimed and been employed through veteran's preference since October 1, 1987?

\_\_\_\_\_ Yes \_\_\_\_\_ No, If yes, give name of employer: \_\_\_\_\_

Note: Under Florida law preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons Included under 3, 4 and 5 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at that time.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date