

AFTER COMPLETION RETURN TO:  
GULF COUNTY  
HUMAN RESOURCES DEPARTMENT  
1000 CECIL G. COSTIN SR., BLVD., ROOM 301-A  
PORT ST. JOE, FLORIDA 32456

FINAL DATE TO APPLY \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT PLAINLY)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Position for which applying \_\_\_\_\_ Vacancy # \_\_\_\_\_

Have you carefully read the job description? No \_\_\_\_\_ Yes \_\_\_\_\_

Can you perform all the essential functions of the job for which you have applied? No \_\_\_\_\_ Yes \_\_\_\_\_ If no, or if accommodation is required, please explain:

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Have you ever been employed by Gulf County Government? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, indicate department(s) / divisions(s), position(s) and reason for leaving.

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Are you legally authorized to work in the U.S.? No \_\_\_\_\_ Yes \_\_\_\_\_

Are you at least 18 years of age? No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever been discharged for any reason from any job? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain.

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School	Did you Graduate?	Name and Location of School Last Attended
Circle Highest Grade Completed		
Elementary	5 6 7 8	_____
High School	9 10 11 12	_____

List Below Names of Colleges, Business, Trade or Vocational Schools	Major Field Of Study	Did you Graduate? Specify Degree	Date
_____	_____	_____	_____

**VETERANS' PREFERENCE CLAIM**

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

(Please indicate number from Veterans' Preference Information Sheet - See last page on application.)

Have you ever been employed by any governmental entity within the State of Florida, excluding the Federal Government? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you a resident of the State of Florida? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Some positions may be exempt from veterans' preference as defined by Chapter 55A-7, Rules of Florida Department of Veterans' Affairs.**

Branch of Service \_\_\_\_\_ **Dates of Service** From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge \_\_\_\_\_

A DD214 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. Veterans' Preference shall expire 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 shall be given to those persons in categories 1, 2, 3, and then those in categories 4 and 5. Veterans' Preference is only available to Florida residents.

**LIST ALL PRIOR EMPLOYMENT.** Start with your **present** position and work backwards. Account for periods of unemployment in separate blocks in order.

Employer's Name \_\_\_\_\_ From (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_

Employer's Address \_\_\_\_\_ To (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_

Your Job Title \_\_\_\_\_ Hours per week \_\_\_\_\_

Number of Employees you supervised \_\_\_\_\_ Salary: Begin \_\_\_\_\_ End \_\_\_\_\_

Job Duties \_\_\_\_\_ Supervisor's Name, Title & Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer's Name \_\_\_\_\_ From (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_

Employer's Address \_\_\_\_\_ To (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_

Your Job Title \_\_\_\_\_ Hours per week \_\_\_\_\_

Number of Employees you supervised \_\_\_\_\_ Salary: Begin \_\_\_\_\_ End \_\_\_\_\_

Job Duties \_\_\_\_\_ Supervisor's Name, Title & Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer's Name \_\_\_\_\_ From (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_

Employer's Address \_\_\_\_\_ To (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_

Your Job Title \_\_\_\_\_ Hours per week \_\_\_\_\_

Number of Employees you supervised \_\_\_\_\_ Salary: Begin \_\_\_\_\_ End \_\_\_\_\_

Job Duties \_\_\_\_\_ Supervisor's Name, Title & Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer's Name \_\_\_\_\_ From (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_  
Employer's Address \_\_\_\_\_ To (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Hours per week \_\_\_\_\_  
Number of Employees you supervised \_\_\_\_\_ Salary: Begin \_\_\_\_\_ End \_\_\_\_\_  
Job Duties \_\_\_\_\_ Supervisor's Name, Title & Phone \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer's Name \_\_\_\_\_ From (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_  
Employer's Address \_\_\_\_\_ To (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Hours per week \_\_\_\_\_  
Number of Employees you supervised \_\_\_\_\_ Salary: Begin \_\_\_\_\_ End \_\_\_\_\_  
Job Duties \_\_\_\_\_ Supervisor's Name, Title & Phone \_\_\_\_\_  
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\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer's Name \_\_\_\_\_ From (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_  
Employer's Address \_\_\_\_\_ To (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Hours per week \_\_\_\_\_  
Number of Employees you supervised \_\_\_\_\_ Salary: Begin \_\_\_\_\_ End \_\_\_\_\_  
Job Duties \_\_\_\_\_ Supervisor's Name, Title & Phone \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer's Name \_\_\_\_\_ From (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_  
Employer's Address \_\_\_\_\_ To (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Hours per week \_\_\_\_\_  
Number of Employees you supervised \_\_\_\_\_ Salary: Begin \_\_\_\_\_ End \_\_\_\_\_  
Job Duties \_\_\_\_\_ Supervisor's Name, Title & Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**IF ADDITIONAL WORK EXPERIENCE BLOCKS ARE REQUIRED, PLEASE USE BLANK SHEETS AND ATTACH TO THIS FORM.**

# GULF COUNTY APPLICATION FOR EMPLOYMENT SUPPLEMENT

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Do you have a valid Driver's License? No \_\_\_\_\_ Yes \_\_\_\_\_ Specify State \_\_\_\_\_

Specify Class \_\_\_\_\_ Driver License Number \_\_\_\_\_

List any endorsements \_\_\_\_\_

If you are a male between the ages of 18 and 26, have you registered with the U.S. Selective Service System or are you exempt from such registration?  
No \_\_\_\_\_ Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Do you have any relatives employed by Gulf County? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please complete

NAME

RELATIONSHIP

DEPARTMENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please provide the following information:  
the nature of the crime, the date of conviction, where the conviction occurred and the sentence or penalty imposed. Please provide any additional  
information as to the conviction that you feel would assist us in evaluating you for the position applied.

Details: \_\_\_\_\_

\_\_\_\_\_

Have you ever been accused of committing an intentional tort? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please provide the details of the intentional  
tort, when you were accused, where you were accused and its disposition. An intentional tort is a wrongful act committed against the person, reputation  
or property of another.

Details: \_\_\_\_\_

\_\_\_\_\_

## LAW ENFORCEMENT BACKGROUND

Are you a current or former law enforcement officer, other employee\*\* or the spouse or child of one who is exempt from public records disclosure under  
§119.07(3)(i)1,F.S.? No \_\_\_\_\_ Yes \_\_\_\_\_

\*\*Other covered jobs include: correctional and correctional probation officers, certified firefighters, county and municipal code inspectors and code  
enforcement officers, judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, and certain investigators in the Department  
of Health, Department of Children and Family Services, and Department of Revenue (See §119.07(3)(i)1,F.S.).

## PERSONAL REFERENCES

\_\_\_\_\_

Name

Business or Home Address

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Do not list former employers or relatives)

**GULF COUNTY BOARD OF COUNTY COMMISSIONERS  
DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM**

I hereby consent to submit to urinalysis and/or other tests as shall be determined thereof by Gulf County as a condition of employment and for the purpose of determining the drug and or alcohol content within my body.

I agree that a Health and Human Services (and State where required) certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by Gulf County for analysis. I further agree to have these results reviewed by a Medical Review Officer.

I hereby release to Gulf County the results of the test(s) to which I have consented. I further authorize Gulf County to discuss the results with medical/personnel collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in any legal or administrative action to which I am party.

I further release any testing facility, technician, or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate Gulf County officials or other government agencies.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**This section applies only to applicants with a commercial driver's license.**

I agree to have a Breath Alcohol Technician administer the evidential breath test required by the U.S. Department of Transportation.

With my signature below, I authorize former employers to release to Gulf County any information in regards to any alcohol and/or controlled substance program and/or testing to which I was a party during the preceding two years. I understand that the results of my test required by the U.S. Department of Transportation will be made available to future employers for two (2) years following my separation from employment with Gulf County as required and in the manner set forth by the U.S. Department of Transportation.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PLEASE READ CAREFULLY

## APPLICANT'S CERTIFICATION AND STATEMENT

Gulf County is an affirmative action, equal opportunity employer that always employs the best qualified individual for the job based on job-related qualifications, and regardless of race, color, national origin, religion, disability, marital status, age, sex, or other protected status under federal, state or local law.

It is the intent of Gulf County to comply with the mandates of the Americans with Disabilities Act. In that regard, disabled individuals are encouraged to apply for positions and the County will reasonably accommodate such individuals, both in any pre-employment testing and/or with respect to the job applied for. If special assistance is needed in the application process, please feel free to contact the Human Resources Department.

As a condition of employment with Gulf County Board of County Commissioners, all males between the ages of 18-26 years of age shall be required to show proof of selective service registration or exemption prior to being employed with the County. This requirement also applies to current employees selected to fill vacant positions. For more information or to register, contact your local U.S. Post Office or the Selective Service System at <http://www.sss.gov>.

I hereby certify that all statements made hereon and attached hereto are correct to the best of my knowledge, and understand that any false 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 Gulf County.

Permission is hereby granted to Gulf County to investigate my personal history, conduct a criminal background check, and solicit statements from any person or organization with which I have ever been associated. In consideration of the receipt of this application by Gulf County, I hereby release Gulf County and all persons or organizations from any liability arising from such statements, their solicitation or use. I understand that this application is valid only for the position indicated, and I must reapply for future vacancies. I understand that my employment is contingent upon accuracy of the information contained herein, and that if I am employed, the information given in this application will be used as part of my personnel records.

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

### APPLICANT: PLEASE DO NOT WRITE IN THIS SECTION

_____ Qualified	Veteran's Preference	Included with application:
_____ Not Qualified	Eligibility	_____ DD214
Initial & Date	_____ None	_____ Birth Certificate
_____	_____ 5 Points	_____ High School Diploma
_____	_____ 10 Points	_____ GED Certificate
_____	_____ 30% or more	_____ Basic Recruit Certificate
Selected _____	Disability	_____ Name Change Documentation
Not Selected _____		_____ Social Security Card

**EQUAL EMPLOYMENT OPPORTUNITY  
APPLICANT SURVEY INFORMATION**

The following information is requested on a voluntary basis. This information will be used for research, analysis, and to evaluate the effectiveness of our recruiting efforts. The information in no way affects you as an individual applicant and will not be used in making an employment decision.

Position applied for \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please check the category which applies:**

**Sex** - Male \_\_\_\_\_ Female \_\_\_\_\_

**Race/Ethnic Identification** - White \_\_\_\_\_ Black \_\_\_\_\_

Hispanic \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_

American Indian or Alaskan Native \_\_\_\_\_

**How did you learn about this job?**

\_\_\_\_\_ Walk in / Gulf County Human Resources

\_\_\_\_\_ Other Agency (please specify) \_\_\_\_\_

\_\_\_\_\_ Newspaper or Periodical

\_\_\_\_\_ Gulf County employee

\_\_\_\_\_ Internet

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

# GULF COUNTY APPLICATION FOR EMPLOYMENT SUPPLEMENT

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

List any professional or occupational licenses or certificates you possess. \_\_\_\_\_

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**TRADE SKILLS - Check all that apply:**

- Mechanic:     Gasoline     Diesel     Automotive     Heavy Equipment  
 Electrical:     Commercial     Industrial     Residential     Maintenance  
 Traffic Signals     Installation     Maintenance  
 Carpentry:     Framing     Finish     Remodeling     Maintenance of Buildings     Cabinet Building     Furniture Repair  
 Masonry:     Concrete Finishing     Brick/Block Laying     Plastering     Forming  
 HVAC:     Boilers     Ductwork     Refrigeration Systems     Chillers     Pneumatic Controls     Heat Pumps  
 Plumbing:     Rough-in     Remodeling     Maintenance     Natural Gas Lines     Gasoline Lines  
 Painting:     Trim     Pressure Cleaning     Spray     Automotive     Caulking     Dry Wall Finishing  
 Custodial Work:     Floor Polishers     Carpet Shampooing/Cleaning Machines  
 Groundskeeping:     Mowing     Pest Control     Fence Repair/Installation     Tree/Shrubbery Maintenance  
 Small Engine Repair  
 (explain): \_\_\_\_\_  
 Welding  
 (explain): \_\_\_\_\_

**EQUIPMENT - Please indicate the length of time you have operated any of the following:**

How Long	Type	How Long	Type	How Long	Type
_____	Chainsaw	_____	Bull Dozer	_____	Vacuum Truck
_____	Power Tools (saws, drills, etc.)	_____	Tractor with Bat Wings	_____	Fork Lift
_____	4 Yard Dump Truck	_____	Tractor with Bush Hog	_____	Bucket Truck
_____	Tandem Dump Truck	_____	Boom Axe/Mow Trim	_____	Asphalt Spreader
_____	Flatbed Truck	_____	Fuel Truck	_____	Power Broom
_____	Motor Grader	_____	Loader	_____	Paint Striper
_____	Hydraulic Excavator/Backhoe	_____	Roller/Rubber or Steel Tire	_____	Pole Truck
_____	Water Main Tapping Machine	_____	Mosquito Fog Truck	_____	Trencher
_____	Wrecker	_____	Crane	_____	Asphalt Saw
_____	Lowboy	_____	Tanker Truck	_____	Pan

**OFFICE SKILLS - Please indicate areas of competency:**

- Calculator     Filing     Typing \_\_\_\_\_ wpm  
 Dictaphone     Switchboard     Shorthand \_\_\_\_\_ wpm  
 Computers: Type(s) \_\_\_\_\_

Software: \_\_\_\_\_

**OTHER SKILL AREAS - Please be specific**

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## NOTICE TO APPLICANTS

Gulf County is an affirmative action equal opportunity employer and will not discriminate on account of race, national origin, color, religion, political affiliation, marital status, age, disability, or sex, (except where age, sex, or physical condition is bona fide occupational qualification necessary to proper and efficient administration). The Human Resources Department has been designated EEO Officer to coordinate compliance with the nondiscrimination requirements.

It is the intent of Gulf County to comply with the mandates of the Americans with Disabilities Act. In that regard, disabled individuals are encouraged to apply for positions and the County will reasonably accommodate such individuals, both in any pre-employment testing and/or with respect to the job applied for. If special assistance is needed in the application process, please feel free to contact the Human Resources Department.

Applications will be accepted only for positions that are posted, and only during the posting period. **Applications must be submitted by the closing date noted on the job vacancy bulletin.** Applications will remain in an active status until the position is filled, at which time they will expire. A completed application form will be required for each position applied for.

**Your opportunity for employment with the County begins with the accuracy and completeness of your application.** The application form must be completed and each question answered. It is to your advantage to fill it out in as much detail as you can. We cannot accurately evaluate your qualifications without a thorough employment history; if additional space is needed, you may attach a plain sheet of paper or a resume. **Please read the job announcement carefully as you must meet the minimum qualifications for the position in order to be considered.**

All new applicants tentatively selected will be required to submit to urinalysis to screen for illegal drug use prior to appointment. Please read the Applicant's Certification and Statement carefully and sign (do not print, use a script signature) and date the form.

The Equal Opportunity information is on a voluntary basis. This information will not be used when making an employment decision.

Our office hours are 7:00 a.m. to 5:30 p.m., E.T., Monday through Thursday. Our telephone number is (850) 229-5335, or (850) 229-6106. Our mailing address is Board of County Commissioners Human Resources Department, 1000 Cecil G. Costin, Sr., Blvd., Room 301-A, Port St. Joe, FL 32456. If you have any questions, please do not hesitate to call or ask, visit our website [www.gulfcounty-fl.gov](http://www.gulfcounty-fl.gov) or contact us at [humanresources@gulfcounty-fl.gov](mailto:humanresources@gulfcounty-fl.gov).

Thank you for considering employment with Gulf County Board of County Commissioners.

## VETERAN'S PREFERENCE INFORMATION

The Gulf County Board of County Commissioners, in accordance with Chapter 295 of the Florida Statutes dealing with Veteran's Preference, provides preference in employment and retention to those veterans who were honorably discharged who fall in categories 1 or 4 or to the spouses of veterans who fall in categories 2, 3 or 5 as identified below:

### 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 on active duty during a wartime era. **"Wartime Era"** includes:
  - a) **Spanish-American War:** April 21, 1898 to July 4, 1902 and including the Philippine Insurrection and the Boxer Rebellion;
  - b) **Mexican Border Period:** May 9, 1916 to April 5, 1917 in the case of a veteran who during such period served in Mexico, on the borders thereof, or in the waters adjacent thereto;
  - c) **World War I:** April 6, 1917 to November 11, 1918; extended to April 1, 1920 for those veterans who served in Russia; also extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921 provided such veterans had at least one (1) day of service between April 5, 1917 and November 12, 1918.
  - d) **World War II:** December 7, 1941 to December 31, 1946.
  - 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 "such date as may be prescribed by Presidential proclamation or by law."
- 5) The unremarried widow or widower of a Veteran who died of a service connected disability.

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) substantiating your claim MUST BE FURNISHED AT THE TIME OF APPLICATION TO BE ELIGIBLE. 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 you qualify for the Veteran's Preference, the County will give you special consideration at each step of the employment selection process. For positions where a score exam is the sole employment criteria, applicants qualifying under categories 1, 2 or 3 and passing the exam shall be given a 10% increase in their score. If the applicant qualified under categories 4 or 5 and passes the exam, 5% will be added to his or her passing score.

Should the position for which you are applying be filled by someone who does not qualify for Veteran's Preference and you feel that proper consideration of the Veteran's Preference law has not been provided to you by the county, or that the county has not complied with the Veteran's Preference rules, please notify the county of your concerns at the Gulf County Human Resources/Risk Management Department (850) 229-5335.

You also have a right to initiate an investigation by the Florida Division of Veteran's Affairs. You may do so by notifying the State of Florida, Department of Administration, Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731 within 21 calendar days from the date you receive notice that you were not selected for the position.