

**OFFICE OF THE TAX COLLECTOR**  
**Walton County, Florida**  
**P.O. Box 510**  
**DeFuniak Springs, FL 32435**

**PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions, or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")**

**APPLICANT INFORMATION:**

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Mailing Address:		City, State & Zip:	Email:
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by the Walton County Tax Collector's Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance and expiration date:	

**EDUCATION:**

Name of School	City/State	Did you graduate?	Years Completed	Area of Study	Degree Received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Job Related Training:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**SKILLS:** Please list your typing skill level, any technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert) Also, list any foreign languages and level of ability.

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**WORK EXPERIENCE:** Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”

**PLEASE NOTE:** Walton County Tax Collector’s Office reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Company Name	Address:  Phone #:	
Supervisor’s Name & Title:	Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Company Name	Address:  Phone #:	
Supervisor’s Name & Title:	Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
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Company Name	Address:	
	Phone #:	
Supervisor's Name & Title:	Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Company Name	Address:	
	Phone #:	
Supervisor's Name & Title:	Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Company Name	Address:	
	Phone #:	
Supervisor's Name & Title:	Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Company Name	Address:	
	Phone #:	
Supervisor's Name & Title:	Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
		Reason for Leaving:

Have you ever been dismissed or asked to resign from employment or had any disciplinary action administered during any previous employment? ☐ Yes ☐ No

If yes, please explain:

Have you ever resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? ☐ Yes ☐ No

If yes, please explain:

**COURT DATA:**

Have you ever had your driver's license or driving privileges suspended or revoked? ☐ Yes ☐ No

If yes, please explain (include when, where and what action was taken):

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain:

**REFERENCES:** Please list three professional references.

Full Name:	Relationship:
Company:	Phone #:
Address:	

Full Name:	Relationship:
Company:	Phone #:
Address:	

Full Name:	Relationship:
Company:	Phone #:
Address:	

**MILITARY SERVICE:***Removal Document*

Branch:	From:	To:
Rank at discharge:	Type of Discharge:	
If other than honorable, explain:	DD-214 will be required for employment in this office.	

**VETERAN'S PREFERENCE INFORMATION:**

Completion of the Veterans Preference section is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed are the seven Veterans Preference categories.

1. Disabled Veterans who have served on active duty in any branch of the Armed Forces and who presently have an existing service-connected disability which is compensable under public laws administered by the DVA or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense.
2. The spouse of a Veterans:
  - a) who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or
  - b) who is missing in action, captured in line of duty by a hostile force, or detained or interned in the line of duty by a foreign government or power.
3. A Veteran of any war, who has served at least one day during that war-time period as defined in subsection 1.01 (14) or who has been awarded a campaign or expeditionary medal  
Active duty for training shall not be allowed for eligibility under this paragraph.
4. The un-remarried widow or widower of a Veteran who died of a service-connected disability.
5. The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense
6. A Veteran as defined in section 1.01m(14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.
7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

Do you claim a Veterans' Preference? ☐ Yes ☐ No

If eligible, which Veterans' Preference category are you claiming? (Please indicate corresponding number 1 – 7 from the section above) \_\_\_\_\_

## APPOINTMENT APPLICATION CERTIFICATION:

I hereby certify that all the facts and information listed on this appointment application for employment are true and completed. I understand that any false, incomplete, or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in dismissal.

I hereby authorize the Walton County Tax Collector to investigate all statements contained in this application, to interview the reference and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the reference and previous employers listed to give the Tax Collector's Office all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Tax Collector's Office, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered appointment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Tax Collector medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a one-year training period. I further understand that my appointment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the Tax Collector or myself. I understand that no supervisor or other representative of the Tax Collector other than the Tax Collector has any authority to enter into any agreement for appointment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of appointment or my continued appointment that I may be requested by the Tax Collector to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for appointment or may result in my immediate dismissal.

**Note: In the event that an applicant is selected for employment, the Social Security number you provide on this document will be used for purposes of: Employment Eligibility, Authorization for Drug/Alcohol Testing, Criminal History Check, Federal requirements, financial requirements, Retirement, Insurance, Worker's Compensation and Educational Assistance by the Walton County Tax Collector's Office. All documents will be placed into an individual Personnel File and upon any review by a public entity all Social Security numbers shall be redacted.**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*By entering my name on the provided signature line, I agree that my electronic signature holds the same legal equivalent of my manual/handwritten signature on this document.*

Applicant Signature: \_\_\_\_\_

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

### **You may fax or email your application to:**

Walton County Tax Collector's Office  
Attention: Human Resources  
P.O. Box 510  
DeFuniak Springs, FL 32435  
Phone: 850-892-8121  
FAX: 850-892-8693  
Email: [vivian@wالتontaxcollector.com](mailto:vivian@wالتontaxcollector.com)

We encourage you to log onto our webpage at [www.wالتontaxcollector.com](http://www.wالتontaxcollector.com) for future vacancy announcements.

**WALTON COUNTY TAX COLLECTOR  
Human Resources  
P.O. Box 510  
DeFuniak Springs, FL 32435  
850-892-8121**

**EQUAL EMPLOYMENT OPPORTUNITY FORM  
(Voluntary Information)**

*This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment.*

Dear Applicant:

In order for the Walton County Tax Collector's Office to comply with the Equal Opportunity and Affirmative Action regulations, we are required to compile summary data on the sex, ethnicity, and veteran status of all applicants. The information solicited is collected for the sole purpose of providing data to be used for statistical analysis; therefore, you should not identify yourself on this form. You have the option of supply or not supplying the information requested. This information, if provided, will neither enhance nor detract from your opportunity for employment with the Walton County Tax Collector's Office. **The information provided on this form will not be made available to those making employment decisions.**

**Racial or Ethnic Group:**

- ☐ American Indian/Alaskan  
☐ Black/African American  
☐ White/Caucasian

- ☐ Asian/Pacific Islander  
☐ Hispanic/Latino  
☐ Other

**Gender:** ☐ Female ☐ Male

**DOB:** \_\_\_\_\_

**Military Veteran:** ☐ Yes ☐ No

**What related accommodations would be necessary in order that all advertised duties and responsibilities could be performed:**

**How did you learn about this employment opportunity? Check all that apply:**

☐ Job Bulletin (Posting) /Walk-in ☐ Website ☐ Referral by employee ☐ Other:

*The Walton County Tax Collector's Office is an equal opportunity employer. All applicants are considered without regard to race, color, sex, national origin, religion, age, sexual orientation, marital or veteran status, or the presence of a non-job-related medical condition or handicap.*