



**APPLICANTS-PLEASE READ CAREFULLY**

Thank you for considering INDIAN RIVER COUNTY as a potential employer.

1. **ALL** blanks on the application must be filled in. **Incomplete** applications will not be processed. Mark all blanks that do not apply with "**N/A.**" All telephone numbers must be furnished - **answers such as "unknown", or "N/A" are not acceptable.** **Your application will NOT be considered if all questions are not answered.**
2. Applications are accepted **only** for jobs posted on the Indian River County Human Resources Recruitment List. This list is normally updated each week, by Tuesday morning.
3. Applications may be faxed to: (772) 770-5004, located in Human Resources, or mailed to: Indian River County Human Resources, 1800 27<sup>th</sup> St., Vero Beach, FL 32960.
4. The County's web site address is: [www.ircgov.com](http://www.ircgov.com). Click on the Employment Opportunities link, and a list of position vacancies appear. To access each job posting, which contains the minimum job qualifications of the position, click on each job title link. You may also download an employment application at this site.
5. Job vacancies are posted a minimum of 5 workdays. You may list up to three position titles that you wish to be considered for on the first page of the Application for Employment.
6. Your completed application will be referred to the hiring supervisor for each position for which you are qualified. The hiring supervisor will decide whether to contact you for an interview. If selected for an interview, you will normally be contacted at the phone number(s) listed on the front page of your application.
7. Completed applications referred and considered for one or more posted job vacancies are not eligible to be re-used for future vacancies. Applications not referred to at least one job vacancy may be re-used up to two full months after the month in which they are received.
8. Applicants who complete their name and address on the enclosed reply post card will be notified of a final hiring decision. If you have downloaded this letter from the above web site, a reply post card may be picked up and completed in the Human Resources Department.
9. If, due to a disability, you desire assistance with any part of the employment process, please advise the Human Resources staff.
10. Indian River County is an Equal Opportunity/Affirmative Action/Americans with Disabilities/Veterans' Preference employer. Women and minorities are encouraged to apply.

PLEASE TAKE THIS PAGE WITH YOU FOR FUTURE REFERENCE.



## AFFIRMATIVE ACTION SURVEY

Qualified applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As an employer, we comply with government regulations and affirmative action responsibilities.

Government agencies require periodic reports on the sex, ethnicity, disability, marital and veteran status of applicants.

This data is for analysis, affirmative action and periodic government reporting only and will be kept in a *Confidential File* separate from the Application for Employment.

The following information is requested on a **voluntary** basis. This information will be used **only** in accordance with parts II, III, and IV of Executive Order 11246, and section 503 of the Rehabilitation Act of 1973. Refusal to provide it **will not** subject an applicant or employee to any adverse treatment.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Check One:  Female  Male

Check one of the following (race/ethnic group):

- White  Black or African American  American Indian or Alaskan Native  
 Hispanic or Latino  Asian  Native Hawaiian or Other Pacific Islander  
 Two or More Races

Check One:  Married  Single  Divorced  Widow(er)

Check if any of the following apply:  Vietnam Era Veteran  Disabled Veteran  
 Individual with a Disability

How did you learn of this position? Check one of the following:

- Walk-in  Internet  Friend  County Employee  Ad  
 Telephone  Television  Job Service  Other: \_\_\_\_\_



## VETERAN'S PREFERENCE

Veterans' preference in employment is only available to Florida residents. County department head positions are exempt from Veterans' Preference. Are you claiming Veteran's Preference? Yes\_\_\_\_ No\_\_\_\_

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

Check the appropriate block below if you answered yes. Documentation substantiating your claim as defined by Chapter 55A-7, Florida Administrative Code, must be furnished with job application.

- \_\_\_\_\_ 1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense, or
- \_\_\_\_\_ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured in line of duty or forcibly detained or interned in line of duty by a foreign power, or
- \_\_\_\_\_ 3. A veteran of any war who has served on active duty for at least 1 day, and who was discharged or separated therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. or
- \_\_\_\_\_ 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

Branch of Service: \_\_\_\_\_

\_\_\_\_\_  
Date of Entry

\_\_\_\_\_  
Date of Discharge

**Note:** Under Chapter 295, Florida Statutes, 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 in 3 and 4 above. If a non-preference-eligible applicant is selected for the position over a preference-eligible applicant, a complaint may be filed with the Department of Veterans' Affairs, 11351 Ulmerton Road, Room 311-K, Largo, FL 33778, requesting an investigation. A complaint shall be filed within 21 days after receiving notice of a hiring decision. If notice of a hiring decision is not received within two calendar months, and it is determined that the position was filled by a non-preference-eligible applicant, the preferred applicant may file a complaint within three calendar months of the date the application was received by employer.



**FLORIDA ADMINISTRATIVE CODE, CHAPTER 55A-7**  
**VETERANS' PREFERENCE IN APPOINTMENT AND RETENTION IN EMPLOYMENT**

**55A-7.013 Documentation of Preference Claim.**

(1) An applicant for a covered position who believes he or she is entitled to veterans' preference in employment shall indicate such preference on the application form.

(2) The applicant claiming preference is responsible for providing required documentation at the time of making an application for a vacant position, or prior to the closing date of the vacancy announcement.

(3) The covered employer shall inform applicants of requirements for documentation of eligibility for preference.

(4) The covered employer shall determine whether an applicant is eligible for veterans' preference.

(5) The covered employer shall document the employee's election of veterans' preference.

(6) Intentional misrepresentation of the claim for preference shall disqualify the applicant from claiming veterans' preference, and if employed, shall be subject to disciplinary action by the covered employer.

(7) Documentation shall include the following:

(a) Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.

(b) Disabled veterans shall also furnish a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service-connected disability.

(c) Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.

(d) Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.

(e) The unremarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the DVA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried.

*Specific Authority 295.07(2) FS. Law Implemented 295.07 FS. History—New 3-30-88, Formerly 22VP-1.013, Amended 2-12-90, 7-12-93, 12-27-98, 6-11-08.*



# INDIAN RIVER COUNTY APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY AND WRITE "N/A" IN ALL BLANKS THAT DO NOT APPLY)

<b>PERSONAL</b>		Date: _____
NAME (LAST)	(FIRST)	MIDDLE)
MAILING ADDRESS	STREET/P.O. BOX	TELEPHONE NUMBER (    )
CITY	STATE	ZIP CODE
		OTHER NUMBER WHERE YOU MAY BE REACHED (    )
Are you a citizen of the United States or a registered alien?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If required for employment, do you have a valid FL driver's license?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Please identify type of license below.		
<input type="checkbox"/> Driver's/Class E License		
<input type="checkbox"/> Commercial Driver's License (CDL), Class _____		
<input type="checkbox"/> Endorsement(s), if any _____		
Have you ever been a defendant in a civil action for intentional tort? If so, please describe the nature of the intentional tort and the disposition of the action.....		YES      NO <input type="checkbox"/> <input type="checkbox"/>
_____		
Have you ever been convicted of any offense against the law, or pleaded nolo contendere (no contest), or had adjudication withheld, or entered a court sponsored program, or forfeited collateral, or are you now under charges for any offense against the law, including DUI or DWI? You may omit: (1) Traffic Violations, <b>unless position requires driving a County vehicle</b> ; (2) Parking violations; and (3) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law?.....		<input type="checkbox"/> <input type="checkbox"/>
If you were in the military service, were you ever convicted by a general court-martial?.....		<input type="checkbox"/> <input type="checkbox"/>
If your answer is "Yes," give details below. Show for each offense: (1) Date of conviction, (2) type of crime, (3) place, (4) court, and (5) penalty imposed.		
NOTE: A conviction does not automatically mean you cannot be appointed. (Use last page to continue information, if necessary.)		
_____		
_____		
Have you ever been employed by Indian River County?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a relative currently working for Indian River County?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes _____		
Name	Relationship	
<b>JOB INTEREST</b>		
Position Applied For _____	Minimum you will accept _____	
Position Applied For _____	Minimum you will accept _____	
Position Applied For _____	Minimum you will accept _____	

# PRESENT AND PRIOR EMPLOYMENT

List below all employment during the past 10 years, beginning with your most recent. All spaces must be completed. A resume may be used to supplement, but **not substitute** requested employment information. **DO NOT SPECIFY "SEE RESUME"**.

<b>I</b>	Name and Address of Company and Type of Business	From	Job Title:	Salary: \$
		Mo. / Yr.	Describe the work you did:	
		To		
		Mo. / Yr.		
	Telephone (      )			
Reason for Leaving			Supervisor	
May we contact your present employer now?                      Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no, when may we contact? _____				
<b>II</b>	Name and Address of Company and Type of Business	From	Job Title:	Salary: \$
		Mo. / Yr.	Describe the work you did:	
		To		
		Mo. / Yr.		
	Telephone (      )			
Reason for Leaving			Supervisor	
<b>III</b>	Name and Address of Company and Type of Business	From	Job Title:	Salary: \$
		Mo. / Yr.	Describe the work you did:	
		To		
		Mo. / Yr.		
	Telephone (      )			
Reason for Leaving			Supervisor	
<b>IV</b>	Name and Address of Company and Type of Business	From	Job Title:	Salary: \$
		Mo. / Yr.	Describe the work you did:	
		To		
		Mo. / Yr.		
	Telephone (      )			
Reason for Leaving			Supervisor	

# EDUCATION (CIRCLE HIGHEST GRADE COMPLETED)

GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 GRADUATE 1 2 3 4

Did You Graduate (Y/N)

HIGH SCHOOL	NAME	LOCATION			
COLLEGE	NAME	LOCATION	MAJOR	DEGREE	
GRADUATE SCHOOL	NAME	LOCATION	MAJOR	DEGREE	
VOCATIONAL SCHOOL	NAME	LOCATION	MAJOR	DEGREE	
OTHER TRAINING					

## MILITARY SERVICES RECORD

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Date of duty: From \_\_\_\_\_ To \_\_\_\_\_ Type of discharge \_\_\_\_\_  
Month Day Year Month Day Year

List duties in the service including special training \_\_\_\_\_  
 \_\_\_\_\_

Are you currently a member of any branch of the military or Naval Reserves? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate (a) Date your military obligations expires \_\_\_\_\_; (b) Years creditable active service \_\_\_\_\_

## SPECIAL SKILLS AND OTHER QUALIFICATIONS

List details of all skills and other qualifications which you feel are relevant to employment

Typing Speed \_\_\_\_\_ Shorthand/Speed Writing Speed \_\_\_\_\_  
(words per minute) (words per minute)

Office machines you operate (if experienced with computers, include software programs) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List specific hand tools, machinery, heavy equipment, or motor equipment that you have used or operated efficiently, and **months/years of experience** with each \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special qualifications and skills (occupational licenses or certificates - **please include copies**) \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES**  
**(NOT Former Employers or Relatives)**

Name and Occupation	Address	Day Time Phone Numbers
1. Name: _____ Occupation: _____	_____	
2. Name: _____ Occupation: _____	_____	
3. Name: _____ Occupation: _____	_____	

Please use the space below to summarize any additional information necessary to describe your full qualifications for this position.

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Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with Indian River County will be based solely on your qualifications and ability to perform the duties required of the job. You will be notified by the hiring department if your application is considered.

**PLEASE READ CAREFULLY**  
**APPLICANT'S CERTIFICATION AND AGREEMENT**

**AGREEMENTS:**

**PROBATION PERIOD** — I understand that my position with the County is temporary during the probationary period established. My employment may be ended before the expiration of that period for any lawful reason without recourse.

**PHYSICAL FITNESS** — I understand I must take and pass a physical examination before the decision to hire me is complete. I understand that the physical examination may include a drug and/or alcohol screening test. Any illegal or unprescribed controlled substance which shows in my test results will cause my immediate disqualification for employment with the County.

**STATEMENT OF APPLICANT** — I authorize my former employers to furnish their records of my service. This includes all information they may have concerning me, whether on record or not. I also release them from any liability for any damage in providing this information. I authorize the County to make any investigation into my personal history, including criminal information.

**CERTIFICATION** — I understand that any false or misleading information supplied by me may result in the cancellation of the application process or termination of my employment with Indian River County, Board of County Commissioners. I also understand that my application will be rejected if it is incomplete, and that entries such as "see resume" are not acceptable. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge.

**PUBLIC RECORD** — I understand that once my completed employment application, including all accompanying documentation, is received by Human Resources Department, it becomes a public record in accordance with Florida Statutes (F.S.) Chapter 119, Public Records, which are open to personal inspection to any person at any time, with the exception of certain specified exempt information.

**Upon termination of employment, I understand the County may hold my final pay check until a final accounting is made for any County property in my custody.**

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