



ADOBE ACROBAT PDF FILLABLE *APPLICATION for AT-WILL EMPLOYMENT* INFORMATION & INSTRUCTIONS

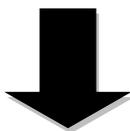
The Walton County Board of County Commissioners offers our *Application for At-Will Employment* as a fillable PDF that you must submit for consideration of employment. Please submit a new application for each job to which you apply.

Following are instructions for completing and submitting your application online.

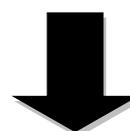
Completing the Fillable Form

1. Access the link for the employment application.
Note: If you are using Adobe Reader, complete the form in the online window *before* saving. (Reader does not allow you to save data in a fillable PDF you opened in Reader.)
2. **POSITION** the hand pointer inside a form field and click. The I-beam pointer allows you to type text. The arrow pointer allows you to select a field, a check box, a radio button or an item from a list.
3. Press **TAB** or use your mouse to click on the next form field to accept the field change and go to the next field (fields do not allow formatting as the font is pre-set.)
4. (*once you complete the last field in the application*) **CLICK** outside the field and save your document to your computer. If a form field is active (contains the blinking bar) the contents won't print.
5. **SAVE** your file by selecting the disc icon on the top of the toolbar. Please save the form with your first and last name. (John Doe)
Note: Since you must submit an application each time you apply for a job, you may submit the same saved file. If you must make changes to the file for submittal, you may need to complete a new application.
6. (*to submit your application and resume*) **ACCESS** the Jobs Posting page under Human Resources and click the Submit Application and Resume link in the right-hand column.
7. (*after you access the link*) **COMPLETE** the form and attach your application and resume.
Note: A resume is *not* required for submission.

Human Resources will review your submitted application and credentials.
We will contact you only if you are selected for an interview.



CONTINUE TO APPLICATION BELOW





**PLEASE READ INSTRUCTIONS FOR SUBMITTAL ABOVE.
MAC USERS: PLEASE SAVE FILE AS PDF IF OPENED IN PREVIEW.**

WALTON COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR AT-WILL EMPLOYMENT

650 E. NELSON AVE., DEFUNIAK SPRINGS, FL 32433 ♦ FAX (850) 892-8590 ♦ PHONE (850) 892-8586
We are proud to be an Equal Employment Opportunity, Drug-free Workplace and Veterans' Preference employer.

We consider applicants for all positions without regard to race, color, gender, marital status, religion, creed, national origin, political opinions or affiliations, the presence of a non-job-related medical condition or disability, Veteran status or any other legally protected status. The information requested on this application is required by law and or by the Walton County Commission's personnel rules and regulations and is necessary to be evaluated for employment with the Board. In accordance with the Americans with Disabilities Act (ADA) we provide reasonable accommodation upon request. **Drug-free Workplace Policy:** In accordance with F.S.S. 112, Walton County Board of County Commissioners is a drug-free workplace. Applicants and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty; and (5) follow up on routine fitness for duty. Drug and alcohol testing of employees required to hold commercial driver licenses (CDLs) is conducted per federal law and regulation 49 CFR Part 382.103/107. All information provided is verified. If employed, this document becomes part of your permanent personnel file. Falsification of any information precludes you from or is grounds for immediate termination of employment. Walton County participates in E-verify.

Please consider me for the following position (you must submit a separate application and supporting documents for each position):

_____ **Indicate one:** Full time Part time Temporary Student
Position title

I can start work on: _____ **Do you intend to provide notice to your current employer?** Yes No

APPLICANT INFORMATION (Key data or print legibly in black or blue ink only.)

This application must be completed in its entirety and signed. Please indicate NA (not applicable) in any section that does not apply. A résumé may be attached but **does not** substitute for a fully completed application. **Unsigned or incomplete applications will not be considered.** Include with your application all documentation supporting that you meet the minimum requirements of the position (for example, photocopy of a CDL-B, registration as a professional engineer, transcripts, etc.)

_____ **Last name** _____ **First name** _____ **MI**

_____ **Home address (number and street)**

_____ **City** _____ **County** _____ **State** _____ **Zip code**

Home Phone () _____ **Business** () _____ **Cell** () _____

Email address _____ **Are you legally eligible for employment in the U.S.?** Yes No

Do you have a valid Florida driver license? Yes No **Indicate class:** A B C E

Have you ever been convicted of a crime other than a minor traffic violation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Are you currently under arrest pending trial or adjudication?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever committed a crime for which you were not arrested or convicted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Have you ever pled nolo contendere (no contest) to a crime?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a court ever withheld adjudication after you were charged with a crime?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Are you currently using illegal drugs?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been discharged or asked to resign from any previous employment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Have you received disciplinary action from your current or last employer within the last 12 months?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you answered "yes" to any of the questions in the section above, attach an additional page(s) to this application explaining the circumstances.

Note: Answering "Yes" to any of the questions above many not necessarily disqualify you from consideration for employment with the WCBC. Each explanation is evaluated in relation to the position for which you are applying.

EDUCATION

High School	Highest Grade Completed	Diploma? (yes/no)	GED or Equivalency (circle one)
High School Name			
Location (City & State)			
Your name, if different than on application:			

Name of College / University / Professional School	Location (City & State)	Dates Attended		Hours Earned	Course of Study or Major (ex: Business Mgmt.)	Degree (AA, AS, BS, MS, PhD...)	Date Awarded (Month and Year)
		To	From				
Your name, if different than on application:							

Name of Technical / Vocational / Military School	Location (City & State)	Dates Attended		Hours Earned	Course of Study or Major (ex: Business Mgmt.)	Degree (AA, AS, BS, MS, PhD...)	Date Awarded (Month and Year)
		To	From				
Your name, if different than on application:							

List Any Current Licenses, Registrations or Certifications	License, Registration or Certification Number	Date Received	Date Expires

PROFESSIONAL REFERENCES Exclude friends or relatives.

Name	Occupation	Complete Address Number, Street, City, State, Zip	Phone or Cell Number with area code	Years Known
1.				
2.				
3.				

WORK HISTORY Begin with your current or most recent employer and provide your **complete** work history. Attach additional pages as necessary.

Applications indicating "See attached résumé" *will not be considered*.

From:	To:	Employer name:
Your title:		Employer phone number:
Your supervisor's name:		Employer address:
Your supervisor's title:		
Last salary per week / year (indicate one):		Your responsibilities:
May we contact your present/last employer?		
Reason for leaving:		
From:	To:	Employer name:
Your title:		Employer phone number:
Your supervisor's name:		Employer address:
Your supervisor's title:		
Last salary per week / year (indicate one):		Your responsibilities:
Reason for leaving:		
From:	To:	Employer name:
Your title:		Employer phone number:
Your supervisor's name:		Employer address:
Your supervisor's title:		
Last salary per week / year (indicate one):		Your responsibilities:
Reason for leaving:		

WORK HISTORY, cont...

From:	To:	Employer name:
Your title:		Employer phone number:
Your supervisor's name:		Employer address:
Your supervisor's title:		
Last salary per week / year (indicate one):		Your responsibilities:
Reason for leaving:		
From:	To:	Employer name:
Your title:		Employer phone number:
Your supervisor's name:		Employer address:
Your supervisor's title:		
Last salary per week / year (indicate one):		Your responsibilities:
Reason for leaving:		

SKILLS AND QUALIFICATIONS Briefly summarize your special skills and qualifications.

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I certify that all statements made in this application are true. I further acknowledge that if the Walton County Board of County Commissioners employs me, any misstatements of fact contained in this application or supporting documents may be cause for termination. [*Under Florida's Government-in-the-Sunshine Law, applications for employment with a public agency (such as the Walton County Board of County Commissioners) are subject to public disclosure.*]

I authorize the Walton County Board of County Commissioners to make lawful inquiries regarding my past and present employment and to release from liability all of those supplying information.

Applicant signature: _____

Date: _____ Typed name will serve as signature. Full signature may be required at time of interview or hire.



Exemption from Public Disclosure Florida Statutes; Sections 119.071, 493.6122 and 633.35

Complete this form **only** if you are claiming exemption from public disclosure of your home address and personal contact information under Florida statutes.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I request that my home address and personal contact information given to the Walton County Human Resource Office be held in confidence, pursuant to Sections 119.071(2)(h)1, 119.071(2)(j)1, 119.07(4)(d)1-6, 493.6122 and 633.35, Florida Statutes, because I belong to the following qualifying category: (please check applicable box below):

- Active or former law enforcement personnel, and/or their spouse or child
- Active or former Correctional Office or Probation Officer, and/or their spouse or child
- Active or former Juvenile Probation Officer, Supervisor and Personnel and/or their spouse or child
- Active or former investigative personnel of the Department of Children and Family Services
- Active or former investigative personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect
- Active or former revenue and support enforcement personnel of the Department of Revenue, and/or their spouse or child
- Active Firefighter certified pursuant to FL Stat. 633.35, and/or their spouse or child
- State or County Court Judge, and/or their spouse or child
- Active or former State Attorneys, Assistant State Attorneys, Statewide Prosecutors or Assistant Statewide Prosecutors, and/or their spouse or child
- Active or former United States Attorneys and Assistant States Attorneys, and/or their spouse or child
- Active or former Federal Judges or Magistrates, and/or their spouse or child
- Active or former General Magistrates, Special Magistrates, Judges of Compensation Claims, Administrative Law Judges and Child Support Enforcement Hearing Officers and/or their spouse or child
- Active or former Code Enforcement Officers, and/or their spouse or child
- Active or former Guardian Ad Litem, and/or their spouse or child in accordance with Sec 39.820. F.S.
- Active or former human resource, public relations or employee relations directors, assistant directors, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration or other personnel-related duties, and/or their spouse or child
- Current or former public defenders, assistant public defenders, criminal conflict & civil regional counsel and assistant criminal conflict and civil regional counsel, as well as their spouses and children
- Private Investigator/Recovery Agent holding a current Class C, CC, E, EE license in accordance with Sec. 493.6122. F.S. (A copy of this license must accompany this request)
- Victim of sexual battery, lewd lascivious offense committed upon or in the presence of a person less than 16 years of age, child abuse or victim of any sexual offense. (Must include official verification that an applicable crime occurred)
- Victim of domestic violence, aggravated stalking, harassment or aggravated battery. (Must include official verification that an applicable crime has occurred)

Signature: _____ Date: _____

Typed name will serve as signature. Full signature may be required at time of interview or hire.