



Application for Employment Collier County Tax Collector

Collier County Government Complex
3291 Tamiami Trail East
Naples, Fl 34112-5758

An equal opportunity and Drug Free workplace

Please **PRINT** clearly and in **INK**. Complete **ALL** of the application and include all work history

Today's date _____

Name (last)	(First)	(Middle)
Street Address	City State Zip	Email Address
Social Security Number	Daytime Phone number	Evening Phone number

Do you possess a valid Driver's license Yes No
Issued by which state? _____ Type of license _____

Are you eligible to work in the United States? Yes No
(Employees are required to provide proof of identity and employment authorization)

Do you have or have you had any physical, mental or medical impairments or disabilities that would limit you for the position(s) that you have applied? Yes No
If yes, please explain: _____
Condition: _____

Have you ever been convicted of any offense against the law including traffic violations such as speeding? Yes No

If yes, please explain: _____

NOTE: Affirmative answer to any of the above questions does not mean that you automatically cannot be employed. Give all of the facts so that a decision can be made. Any intentional omission or falsification of answers either verbally or in writing may result in termination of employment.

Have you ever worked for the Collier County Tax Collector? Yes No
Do you have a relative employed by the Collier County Tax Collector? Yes No

If yes: _____
Name Relationship Department

Job Interest

Position desired: _____ Date you can start: _____

Will you accept (circle all that apply) Part time Full time Temporary

Minimum salary desired: \$ _____

Education

Circle the highest grade completed								
Grade School 1 2 3 4 5 6 7 8		High School 9 10 11 12			College 1 2 3 4		Graduate 1 2 3 4	
High School or GED	Name	City & State				Year Graduated		
College	Name	City & State	Major	Degree	Dates Att'd From: To:			
Graduates school	Name	City & State	Major	Degree	Dates Att'd From: To:			
Vocational School	Name	City & State	Major	Degree	Dates Att'd From: To:			
Other Training								

Military Service

Were you in the US Armed Forces? Yes No if yes, which branch? _____
 Dates of duty: From (M/D/Y) _____ To (M/D/Y) _____ Rank at discharge: _____
 Reason for discharge: _____

Special skills, aptitudes and other qualifications

List details of all skills, aptitudes and other qualifications which you feel are relevant to employment:
 Typing speed (WPM) _____ Data entry speed (CPM) _____ Calculator Yes No
 Office machines you operate: _____

List scholarships, fellowships, honors, etc., received: _____

Foreign Language

Language	Read				Write				Speak			
	Excel	Good	Fair	Slight	Excel	Good	Fair	Slight	Excel	Good	Fair	Slight

Special qualifications and skills including licenses or certificates, memberships and professional organizations or societies, ect. (Omit any organizations or activities that would divulge race, age, ethnic origin or religious persuasion)

Present and Prior Employment

Please list all present and past employment information, beginning with your most recent employer. All spaces must be completed. A resume may be used to supplement, but not as a substitute to completing this employment information area.

1	Name and address of Company and business type.	From	Job Title:	Starting Salary	Ending Salary
		Month / year	Describe the work you did	\$	\$
		/		Supervisor	
		To			
		Month / year			
	Telephone number	/			
	Reason for leaving:				

2	Name and address of Company and business type.	From	Job Title:	Starting Salary	Ending Salary
		Month / year	Describe the work you did	\$	\$
		/		Supervisor	
		To			
		Month / year			
	Telephone number	/			
	Reason for leaving:				

3	Name and address of Company and business type.	From	Job Title:	Starting Salary	Ending Salary
		Month / year	Describe the work you did	\$	\$
		/		Supervisor	
		To			
		Month / year			
	Telephone number	/			
	Reason for leaving:				

4	Name and address of Company and business type.	From	Job Title:	Starting Salary	Ending Salary
		Month / year	Describe the work you did	\$	\$
		/		Supervisor	
		To			
		Month / year			
	Telephone number	/			
	Reason for leaving:				

5	Name and address of Company and business type.	From	Job Title:	Starting Salary	Ending Salary
		Month / year	Describe the work you did	\$	\$
		/		Supervisor	
		To			
		Month / year			
	Telephone number	/			
Reason for leaving:					

6	Name and address of Company and business type.	From	Job Title:	Starting Salary	Ending Salary
		Month / year	Describe the work you did	\$	\$
		/		Supervisor	
		To			
		Month / year			
	Telephone number	/			
Reason for leaving:					

7	Name and address of Company and business type.	From	Job Title:	Starting Salary	Ending Salary
		Month / year	Describe the work you did	\$	\$
		/		Supervisor	
		To			
		Month / year			
	Telephone number	/			
Reason for leaving:					

8	Name and address of Company and business type.	From	Job Title:	Starting Salary	Ending Salary
		Month / year	Describe the work you did	\$	\$
		/		Supervisor	
		To			
		Month / year			
	Telephone number	/			
Reason for leaving:					

IMPORTANT: PLEASE EXPLAIN ANY GAPS OF SIX MONTHS OR MORE DURING YOUR EDUCATION AND EMPLOYMENT HISTORY. _____

May we contact your present employer? Yes No

References

Name and occupation and Address	Daytime phone
1. _____ _____ _____	()
2. _____ _____ _____	()
3. _____ _____ _____	()

Occasionally an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper position for you, use the space below to summarize any additional information necessary to describe your full qualifications.

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 the Collier County Tax Collector will be based on your merit and no other consideration. Your application for employment will be maintained in the Collier County Tax Collector's active file for a total of three (3) months and remain on file for (12) twelve months from the date of completion.

APPLICANT'S CERTIFICATION AND AGREEMENT	Please initial
I understand that a pre-employment drug screen is required	_____ Initial
I Understand and agree that, except as specifically prohibited by state law or county ordinances or regulation, all Collier County Tax Collector policies and procedures may be modified, amended, or deleted by the Collier County Tax Collector at its option; that the policies and procedures do not create any property rights in employment may be terminated by either me or the Collier County Tax Collector at any time with or without cause.	_____ Initial
I Certify that all information given on this employment application, related employment papers and all interviews is true and correct. I understand that the Collier County Tax Collector make a thorough investigation of my character reputation, past employment and medical history. I authorize the giving and receiving of any such information requested by the Collier County Tax Collector (including Financial and Credit records**) and hereby relieve and release all former employers and their agents of any liability for any information they may give to the Collier County Tax Collector. I hereby waive any rights or claims I may have whether presently fully developed or not, against Collier County Tax Collector or its agents or employees, arising out of , or resulting from the handling, processing, investigation, etc. of my application for employment with the Collier County Tax Collector.	_____ Initial
I agree that if I am employed by Collier County Tax Collector. That in the future some potential employer may contact the Collier County Tax Collector or its reprehensive concerning my work record and my work performance at the Collier County Tax Collector, I hereby consent to and authorize persons employed by the Collier County Tax Collector to divulge any and all information they consider relevant to any person representing themselves to be an employer or potential employer of mine with respect to my work record and/or performance of my job a Collier County Tax Collector. I understand that all information provided herein is public record and is subject to review upon request.	_____ Initial
I agree to a physical examination if requested, including samples for use of illegal drugs or substances, and understand that failure to meet any job-related medical and/or health requirements for the position could prevent my employment or continued employment for the Collier County Tax Collector.	_____ Initial
I understand that all employees who do not have a written employment contract are employed at the will of the Collier County Tax Collector for an indefinite period and are subject to termination at any time.	_____ Initial
<p>** NOTE: The provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.</p> <p>Should I become an employee of the Collier County Tax Collector, upon termination of employment, I authorize the Collier County Tax Collector to hold my final paycheck until all Collier County Tax Collector property is returned.</p> <p>Signature : _____ Date: _____</p>	



Collier County Tax Collector

Equal Employment Opportunity Survey

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

As an employer, we comply with government regulations and equal opportunity reporting responsibilities regarding applicants. This data is for analysis and periodic government reporting only and will be kept separate from the application for employment.

The following information is requested on a voluntary basis:

Today's date: _____

Date of birth: _____

Name (Last, Middle, First): _____

Ethnic Category: (please check one)

White, not of Hispanic origin Hispanic American Indian/Alaskan Native

Black, not of Hispanic origin Asian or Pacific Islander 2 or more races

Gender: Male Female

Handicapped: Yes No

Referred by: Newspaper Radio Professional Journal Walk in

Other (Specify source) _____

Veteran Status:

Disabled Veteran (separated under honorable conditions with service related disability)

Spouse of permanently disabled veteran separated under honorable conditions with service related disability.

Veteran who has served on active duty 181 days or more (separated under honorable conditions not including training periods) during a wartime era.

Veteran who has served 180 consecutive days since January 31, 1955 (separated under honorable conditions; not including training periods) during a wartime era.

Other (please explain) _____



DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION
ORDER NUMBER:

FAX: 910.343.9731

Company Name:

CAC:

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____ Suffix _____

Other Names/Maiden/Alias _____

Social Security* # _____ Date of Birth* _____ (mo/day/year)

Driver's License# _____ State _____

Phone# _____ Email _____

Present Address _____

City _____ State _____ Zip _____

County _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW

(" t h e
Company") intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**. The source of any credit report will be **CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailing shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identify

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:
 - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act, 1921
6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552
 - b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

 - a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
 - b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480
 - c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
 - d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor
- Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416
Securities and Exchange Commission
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357