

Reasonable accommodations are available for persons with disabilities to complete the application and/or interview process. Applicants with disabilities requesting accommodations under the Americans with Disabilities Act (ADA) may contact the ADA Coordinator, Richard Sherman, by phone at (954)357-6865 or email accessibility@bcpa.net for assistance.

If you have Acrobat Standard or Acrobat Professional, you can save the form after you have filled it out and attach it to an e-mail that you send to us. If you just have Acrobat Reader you can fill out the form and then print it and fax or mail it to us.

EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer | The BCPA does not tolerate violence or drugs in the workplace.

Where to Find BCPA Vacancy Information:

- On the Internet: <http://www.bcpa.net/>
- Contact the BCPA Human Resources Office at 954.357.6902

GENERAL INFORMATION AND INSTRUCTIONS

- Type or clearly print in ink this application in its entirety.
- All positions in the BCPA are "employment at will." This means either you or the BCPA may sever the employment relationship at any time, for any reason, with or without cause.
- Basic computer skills -- or "computer literacy" -- are an essential job function of EVERY position in our organization.
- All answers are subject to verification. All job offers are conditioned upon applicant passing a criminal background check.
- Notify the BCPA's HR Office in advance if you require special disability accommodations to participate in the employment process.

FOR OFFICIAL USE ONLY

DEPARTMENTAL CATEGORIES:	DATE RECEIVED:	RECEIPT SENT:

POSITION APPLIED FOR

TITLE:	MINIMUM ACCEPTABLE SALARY:

HOW DO WE CONTACT YOU?

FULL NAME:		SOCIAL SECURITY NUMBER:	
MAILING ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP:
HOME PHONE:		BUSINESS PHONE:	
EMAIL ADDRESS:			

EDUCATION

HIGH SCHOOL

NAME / LOCATION OF SCHOOL:	RECEIVED:
YOUR NAME, IF DIFFERENT WHILE ATTENDING THIS SCHOOL:	

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING ANY OF THESE SCHOOLS:

LICENSURE, REGISTRATION, CERTIFICATION (EXAMPLES: Drivers License, CFE, ASA, MAI, CCM, PE, MSCE, Florida Bar, etc.)

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information. At a minimum, list all employment covering the past ten (10) years.

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NAME OF PRESENT OF LAST EMPLOYER:

ADDRESS:

PHONE:

YOUR JOB TITLE:

SUPERVISOR'S NAME:

FROM DATE:

TO DATE:

HOURS PER WEEK:

YOUR NAME IF DIFFERENT DURING EMPLOYMENT:

DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

2

NAME OF NEXT PREVIOUS EMPLOYER:

ADDRESS:

PHONE:

YOUR JOB TITLE:

SUPERVISOR'S NAME:

FROM DATE:

TO DATE:

HOURS PER WEEK:

YOUR NAME IF DIFFERENT DURING EMPLOYMENT:

DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

3

NAME OF NEXT PREVIOUS EMPLOYER:

ADDRESS:

PHONE:

YOUR JOB TITLE:

SUPERVISOR'S NAME:

FROM DATE:

TO DATE:

HOURS PER WEEK:

YOUR NAME IF DIFFERENT DURING EMPLOYMENT:

DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

4 NAME OF NEXT PREVIOUS EMPLOYER:			
ADDRESS:			PHONE:
YOUR JOB TITLE:		SUPERVISOR'S NAME:	
FROM DATE:	TO DATE:	HOURS PER WEEK:	YOUR NAME IF DIFFERENT DURING EMPLOYMENT:
DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING:			

5 NAME OF NEXT PREVIOUS EMPLOYER:			
ADDRESS:			PHONE:
YOUR JOB TITLE:		SUPERVISOR'S NAME:	
FROM DATE:	TO DATE:	HOURS PER WEEK:	YOUR NAME IF DIFFERENT DURING EMPLOYMENT:
DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING:			

6 NAME OF NEXT PREVIOUS EMPLOYER:			
ADDRESS:			PHONE:
YOUR JOB TITLE:		SUPERVISOR'S NAME:	
FROM DATE:	TO DATE:	HOURS PER WEEK:	YOUR NAME IF DIFFERENT DURING EMPLOYMENT:
DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING:			

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as appraisal or real estate experience, computer skills, fluency in language(s), etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

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, F.S.?

YES

NO

**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see §119.07, F.S.].

CITIZENSHIP

The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

YES

NO

RELATIVES AND FAMILY

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVE OR DOMESTIC PARTNER WORKING IN THE BCPA OFFICE?

YES

NO

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators and other authorized employees of the BCPA for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for BCPA employment are public records except as exempted above. I understand any offer of employment in the BCPA is conditioned upon passing a drug test. I certify that to the best of my knowledge and belief all of the statements contained herein are true, correct, complete, and made in good faith.

SIGNATURE:

DATE:

Employer: Remove this section upon completion of the selection process.

YOUR NAME:	POSITION TITLE FOR WHICH YOU ARE APPLYING:
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VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below 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 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 the line of duty by a hostile force, or detained or interned in 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 unremarried widow or widower of a Veteran who died of a service-connected disability.
5. The mother, father, legal guardian, or unremarried 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.

A DD214 or comparable document which serves as a certificate of release or discharge **must be furnished at the time of application**. In addition, applicants claiming categories 1, 2, or 4 above 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 by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM		
IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? (Please indicate number from Veterans' Preference Information section above.)		
HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA?	YES	NO
NOTE: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.		

EEO SURVEY

Although the following information is not mandatory, it is requested to aid the BCPA in our commitment to Equal Employment Opportunity and Affirmative Action. Refusal to answer will not result in adverse treatment of any applicant.

POSITION FOR WHICH YOU ARE APPLYING:				
SEX				DATE OF BIRTH:
MALE		FEMALE		
Race (Check Only One):				
WHITE (Non-Hispanic)	BLACK (Non-Hispanic)	HISPANIC	ASIAN or PACIFIC ISLANDER	NATIVE AMERICAN
OTHER (Specify):				

NON-DISCRIMINATION:

The Broward County Property Appraiser's Office complies with all local, state and federal equal employment opportunity guidelines which prohibit discrimination based upon race, religion, sex, color, national origin, disability, age, marital status, sexual orientation, and other categories protected by law. We are fully committed to promoting diversity in our workplace.

ADA Accessibility:

Reasonable accommodations are available for persons with disabilities to complete the application and/or interview process. Applicants with disabilities requesting accommodations under the Americans with Disabilities Act (ADA) may contact the ADA Coordinator, Richard Sherman, by phone at (954)357-6865 or email accessibility@bcpa.net for assistance..