



Ken Burton Jr.

Innovating Better Ways to Serve

NOTICE TO FULL-TIME and PART-TIME APPLICANTS

In response to each advertisement placed on our website, in the local newspaper, or after posting that we are accepting applications on the outdoor sign, the Manatee County Tax Collector's Office usually receives 90-100 applications from qualified individuals. The requirements listed on our website are the **minimum** qualifications required; almost all applicants who apply usually meet these minimums. The starting pay for full-time positions range from \$11.80 - \$12.31 per hour. Once you achieve full-time status, if you hold or obtain a degree, our college degree incentive pay plan can add an additional \$1.00 to \$2.00 per hour to your salary upon verification of your degree from accredited colleges and universities. We do have a limited number of part-time positions available periodically throughout the year with a beginning starting rate of pay of \$8.00 per hour.

Generally, only nine or ten of the "best" applicants are contacted for possible consideration. Before an applicant is considered for full-time employment, **a computerized typing test is administered to ensure the applicant can type 35 words per minute.** If the applicant doesn't pass the typing test, the interview is **not** set up and the applicant is disqualified from further consideration. Upon passing the initial typing test, a performance based computerized assessment that measures cash handling, data entry, e-mail composition, and typing/keyboarding skills will be administered. If the applicant passes the benchmarks set for the assessments, then a preliminary background/credit check is conducted. Once the applicant meets our qualifications a round of interview(s) are scheduled.

Background/Credit Check - Because the position involves handling large sums of cash and allows for a great amount of responsibility in areas such as license plate/title suspensions, (insurance suspensions, child support payment suspensions, unpaid ticket suspensions) applicants considered for the position will undergo an exhaustive background check. Personal credit history will be reviewed for "collection accounts, accounts charged off to bad debt, or judgments" within the past two years. If information on the credit report would cause the office to take "adverse action," the applicant will be notified in compliance with the FCRA. **The Tax Collector's office will make use of a variety of investigative services to ensure an application is accurate and to ensure the applicant's prior work experience and background is satisfactory. Applicants may undergo:**

- ◆ **Criminal history background check;**
- ◆ **Fingerprinting to comply with Federal Real ID Act;**
- ◆ **Illegal drug use screening;**
- ◆ **Review of personal credit history (credit report);**
- ◆ **Review of Florida Driver License record (positions that involve the issuance of Florida Driver Licenses require you to possess a valid FL DL);**
- ◆ **Reference check of past employers;**
- ◆ **Other searches/reviews as deemed necessary by the Office.**

Please also note that because of the large number of applications submitted, ***you will not receive notice if another applicant fills the job.*** The application is kept active for 60 days. After 60 days if you have not been called concerning an interview, another candidate most likely filled the position. If after 60 days you would still like to be considered for other future openings, you must re-submit another updated application. **(Phone calls inquiring on the position and phone calls stating you are still interested in future positions will not be accepted.)**

Thank you for applying for employment with the Manatee County Tax Collector's Office.

Educational History

High School - Did you graduate?[] Yes [] No [] Still Attending

Name, mailing address and telephone number Years Completed Course of Study

 School Name Street Address City, State Zip Telephone Number _____

 School Name Street Address City, State Zip Telephone Number _____

If you earned a General Equivalency Diploma, please provide name, mailing address and telephone number of the issuing authority: _____

 Name Street Address City, State Zip Telephone Number

College - Did you graduate? If yes, attach copy of degree[] Yes [] No [] Still Attending

Name, mailing address and telephone number Years Completed Course of Study or Type of Degree

 School Name Street Address City, State Zip Telephone Number _____

 School Name Street Address City, State Zip Telephone Number _____

Post Graduate - Did you graduate? If yes, attach copy of degree[] Yes [] No [] Still Attending

Name, mailing address and telephone number Years Completed Course of Study or Type of Degree

 School Name Street Address City, State Zip Telephone Number _____

 School Name Street Address City, State Zip Telephone Number _____

Special Skills/Computer Skills – List any special capabilities, skills or experience not previously covered which should be considered in qualifying for this job. Also, check the box or list the names of any computer programs you have experience with. _____

[] Access [] Front Page [] Microsoft Word [] Word Perfect [] Other _____

[] Excel [] Web Development [] Power Point [] Lotus [] Other _____

[] Fox Pro [] Microsoft Outlook [] Windows 98, 2000 or XP [] Cash Handling Experience

[] Proficient in Sign Language [] Bi-Lingual – Spanish [] Bi-Lingual - _____

[] Type _____ **Words per Minute**

Employment History

Starting with current or most recent job and, working backwards, account for all time and jobs, college enrollment, military service, including periods of unemployment for the past 10 years. Attach additional sheets, if necessary. **This section must be completed in its entirety (do not reference “see attached resume”).** If you have special military considerations – please explain on a separate sheet of paper and attach a copy of your DD-214.

May we contact your present employer?[] Yes [] Not at this time [] Not currently employed

From	To	Employer's Name	Telephone
Job Title		Address	
Immediate Supervisor and Title		Reason for Leaving	
Telephone Number for Supervisor			
Hourly Rate/Salary Start \$ _____ per _____		Title/Summary of position held	
Hourly Rate/Salary Final \$ _____ per _____			

From	To	Employer's Name	Telephone
Job Title		Address	
Immediate Supervisor and Title		Reason for Leaving	
Telephone Number for Supervisor			
Hourly Rate/Salary Start \$ _____ per _____		Title/Summary of position held	
Hourly Rate/Salary Final \$ _____ per _____			

From	To	Employer's Name	Telephone
Job Title		Address	
Immediate Supervisor and Title		Reason for Leaving	
Telephone Number for Supervisor			
Hourly Rate/Salary Start \$ _____ per _____		Title/Summary of position held	
Hourly Rate/Salary Final \$ _____ per _____			



EMPLOYMENT INQUIRY/RELEASE FORM

California, Minnesota and Oklahoma Resident Only:
 If a consumer credit report is ordered, would you like a free copy of the report mailed to your home
 YES NO

Please Print

**APPLICANT
Please Print**

NAME:	FIRST	MIDDLE	LAST
CURRENT ADDRESS: :			Dates FROM:
CITY:	STATE:	ZIP CODE:	
HOME PHONE NUMBER	CELL PHONE NUMBER		
SOCIAL SECURITY NUMBER:			
DRIVERS LICENSE NUMBER:	STATE OF ISSUE:		
1 st PREVIOUS ADDRESS:			Dates FROM: TO
CITY:	STATE:	ZIP CODE:	
2 nd PREVIOUS ADDRESS: :			Dates FROM: TO
CITY:	STATE:	ZIP CODE:	
3 rd PREVIOUS ADDRESS: :			Dates FROM: TO
CITY:	STATE:	ZIP CODE:	

**APPLICANT
Read Carefully and Sign**

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, EMPLOYEE HISTORY, DRUG OFFENSE, VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS. For and in consideration of my being considered for employment, I hereby authorize the Company designated below ("Employer") to make inquiries to Merchants Security Exchange, DBA MAF Background Screening, (MAF), a consumer reporting agency, concerning my employment suitability and qualification; including: (i) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to MAF by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such criminal information is on file, or any company ("Prior Company") where such incident, drug test results or credit transaction occurred, and MAF to disseminate such report(s) to Employer. I authorize, as part of the COMPANY policy, to complete drug tests and for the company access of said test results. During any period(s) while I may be employed by Employer, I hereby authorize Employer to make further like inquiries to MAF as Employer may from time to time, deem necessary for employment purposes. I also hereby authorize MAF, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Employers inquiry(ies). I waive any further notice with respect to Employer's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAF's dissemination of any such report(s). I hereby generally release and fully discharge MAF every such governments' agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to Employer by MAF. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Employer by writing or calling MAF at the address or telephone numbers listed below.

(X) _____

SIGNATURE OF APPLICANT DATE SIGNED

**EMPLOYER
Please Print**

EMPLOYER NAME: Manatee County Tax Collector	MEMBER NUMBER: V5030030-0258	
ADDRESS: 819 301 Blvd West		
CITY: Bradenton	STATE: FL	ZIP CODE: 34205
TELEPHONE NUMBER: (NO PHONE CALLS PLEASE)	FAX NUMBER: 941-741-4889	
AUTHORIZED EMPLOYER REPRESENTATIVE: (LAST, FIRST) Angie Ford		
<p align="center"><u>Company's Certification:</u> Company hereby certifies to MAF Background Screening that it is requesting a consumer credit report(s) on the applicant named above and that Company will use that report(s) for employment purposes.</p> <p align="center">MAF BACKGROUND SCREENING 800-226-4483</p>		

Applicants chosen for further consideration will have their personal credit history reviewed for "collection accounts, accounts charged off to bad debt, or judgments" within the past two years. If information on the credit report would cause the office to take "adverse action", the applicant will be notified in compliance with the FCRA.