

position for which you are applying. If you wish to be considered for future openings, you will need to submit a new application. \*Asterisk items must be completed.

Position Applying For:	Planning Commission Opening for School Board Member
Department	Planning Commission
<b>Personal Information</b>	
First Name	Matthew
Last Name	McLelland
Middle name	Lee
Address1	8970 NW 120 St
City	Chiefland
State	Fl
Zip	32626
Phone Number	352-507-2262
Email Address	matthew.mclelland@levyk12.org
Are you at least 18 years of age?	Yes
Do you have a valid Florida Drivers License?	Yes
*Class:	E - Regular License
Endorsements:	<i>Field not completed.</i>
Have you ever worked under a different name?	No
If you selected "Yes" Name:	<i>Field not completed.</i>
Are you able to perform the essential functions of the position as listed and described on the job description for this position with or without a reasonable accommodation?	Yes

Relatives Employed by Levy County: Do you have relatives by blood or marriage including elected officials, working for the Board of County Commissioners or other elected officials in Levy County Government	No
Full Name of Relative	<i>Field not completed.</i>
Dept. or Office Location:	<i>Field not completed.</i>
Relationship	<i>Field not completed.</i>
Have you ever been employed by Levy County Commissioners?	No
Date Employed:	<i>Field not completed.</i>
Department	<i>Field not completed.</i>
Supervisor Name:	<i>Field not completed.</i>
Reason for Leaving:	<i>Field not completed.</i>
Law Violation Record: Have you ever been convicted, pled nolo contender, or had the adjudication of guilt withheld in connection with any criminal offense in any civilian or military court? Note: A "Yes" answer to this question will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying will be considered.	No
Offense:	<i>Field not completed.</i>
Date:	<i>Field not completed.</i>
Place:	<i>Field not completed.</i>
Disposition?	<i>Field not completed.</i>
Are you on the exclusion list for the U.S. Department of Health and Human Services Office of Inspector General?	No

**Education - Training - Skills**

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Highest Education Level Attained?	Master's
High School or Issuing Equivalent:	Chiefland High School, Fla
Graduated:	Yes
Undergraduate College or Universities:	St. Leo University
Graduated:	Yes
Credit Hours Completed:	<i>Field not completed.</i>
Type of Diploma or Degree/Major Field or Study:	Elementary Education
Graduate School:	St. Leo University
Graduated:	Yes
Credit Hours Completed:	<i>Field not completed.</i>
Type of Diploma or Degree/Major Field or Study:	Educational Leadership
Technical Vocational or Bus. School:	<i>Field not completed.</i>
Graduated:	<i>Field not completed.</i>
Credit Hours Completed:	<i>Field not completed.</i>
Type of Diploma or Degree/Major Field or Study:	<i>Field not completed.</i>
* List any past accomplishments, honors, or assignments which may be relevant for the job for which you are applying:	<i>Field not completed.</i>
* Special training, knowledge, skills or abilities related to the position in which you are applying:	<i>Field not completed.</i>

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**LICENSES-CERTIFICATIONS-REGISTRATIONS**

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Please Indicate any Professional/Occupational Licenses or Registrations/Certifications you currently hold below.

Name of License/Certification/Registration:	Field not completed.
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Issued By:	Field not completed.
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Number:	Field not completed.
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Issue Date:	Field not completed.
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Enter the Date Issued. Expiration Date:	Field not completed.
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State:	Field not completed.
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Name of License/Certification/Registration:	Field not completed.
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Issued By:	Field not completed.
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Number:	Field not completed.
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Issue Date:	Field not completed.
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Expiration Date:	Field not completed.
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State:	Field not completed.
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### Employment History

Experience: Beginning with your most recent job, describe your employment history, including related volunteer or other non-paid experience. This information will be used to evaluate your qualifications for this job opening and will determine your eligibility to go on to the next step of the evaluation process. Describe additional related experience on a "Separate sheet and attach to Application."

Company Name:	Field not completed.
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Phone	Field not completed.
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From Mo/Yr.	Field not completed.
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To Mo/Yr.	Field not completed.
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Street Address	Field not completed.
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City	Field not completed.
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State	Field not completed.
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Zip Code	<i>Field not completed.</i>
Job Title	<i>Field not completed.</i>
Number of Employees Supervised:	<i>Field not completed.</i>
Starting Pay	<i>Field not completed.</i>
Ending Pay:	<i>Field not completed.</i>
May we contact this Employer?	<i>Field not completed.</i>
Supervisor's Name:	<i>Field not completed.</i>
Supervisor's Phone Number	<i>Field not completed.</i>
Reason for Leaving:	<i>Field not completed.</i>
Duties and Responsibilities:	<i>Field not completed.</i>
Company Name:	<i>Field not completed.</i>
Phone	<i>Field not completed.</i>
From Mo./Yr.	<i>Field not completed.</i>
To Mo./Yr.	<i>Field not completed.</i>
Street Address	<i>Field not completed.</i>
City	<i>Field not completed.</i>
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City	<i>Field not completed.</i>
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May we contact this Employer?	<i>Field not completed.</i>
Supervisor's Name:	<i>Field not completed.</i>
Supervisor's Phone Number	<i>Field not completed.</i>

Reason for Leaving:	Field not completed.
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Duties and Responsibilities:	Field not completed.
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**Veterans' Preference**

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Do you wish to claim Veterans' Preference?	No
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If Yes: Branch:	Field not completed.
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Entry Date:	Field not completed.
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Discharge Date:	Field not completed.
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Applicants seeking Veterans' Preference must attach the Veterans' Preference Certification and a Copy of their DD 214 to this application.

Veterans' Preference Documentation Requirements	<a href="#">Veterans' Preference Forms</a>
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**References**

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List 3 References who are NOT Relatives.

Full Name	Tammy Boyle
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Complete Address:	480 Marshburn Dr, Bronson, FL 32621
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Occupation	Superintendent
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Phone Number	352-486-5231
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Years Known:	20
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(Section Break)

Full Name	John Lott
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Complete Address:	480 Marshburn Dr, Bronson, FL 32621
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Occupation:	Assistant Superintendent
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Phone Number	352-486-5231
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Years Known:	20
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(Section Break)

Full Name	Adam Gore
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Complete Address:	480 Marshburn Dr, Bronson, FL 32621
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Occupation:	Director of Safety and Security
Phone Number	352-486-5231
Years Known	40

## ACKNOWLEDGEMENT

Please read carefully, check I Acknowledge for each paragraph, and sign below.

ACKNOWLEDGEMENTS	I Acknowledge
DRUG FREE WORKPLACE	I Acknowledge
ACKNOWLEDGEMENT	I Acknowledge
Upload Your Resume	<i>Field not completed.</i>
Upload Your Certifications	<i>Field not completed.</i>
Applicant Signature	Matthew McLelland
Date:	3/25/2025

All applications are subject to Florida Public Records Law

## LEVY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Levy County Government Center  
310 School Street, Room 112  
Bronson, FL 32621

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