

# Job Application

## Position Information

---

### Instructions

Levy County Applications for Employment are accepted only for those positions currently posted. The list of job opportunities is posted on the Human Resource Office's bulletin board, One-Stop Work Force Connection, and here.

- Please apply for the position by title and department. A separate application must be submitted for each position applied for.
- Your application must be received by Human Resources no later than 5 pm on the day the posting closes, unless otherwise noted. Please include all information, including resumes and letters of recommendation, that are relevant to the job for which you are applying.
- Please note: Failure to complete the entire application may cause for rejecting it. Any misrepresentation, false or incomplete information or omission of facts requested is cause for rejection of the application or dismissal from county services. Be sure to account for periods of unemployment. Attach additional sheets if necessary. All applications are subject to Florida Public Records Law.
- Levy County is an equal opportunity employer and is committed to recruiting staff who reflect the cultural diversity of our service area.
- For Veteran's preference consideration, a Veteran's Preference Application and supporting documentation must be submitted at the time of each application and must include a copy of an official document showing dates of service and type of discharge.
- After the job closes, the hiring authority reviews all applications, selects the best-qualified candidate(s), and schedules interviews. An offer of an employment will be made by the Human Resources Manager to the best-qualified candidate. Satisfactory completion of a pre-employment background check and pre-employment drug test is a mandatory condition of employment. Applicants for some positions are required to pass a pre-employment medical examination.

Complete all items. If a question is not applicable, type "N/A". Do not leave any sections blank. Failure to do so may result in a loss of employment opportunities. Resumes may be attached to supplement the information on the application, but are not accepted in lieu of completion of this application. This

---

application will only be used to consider you for the one 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:	Board Member
Department	Planning Commission District 1
<b>Personal Information</b>	
First Name	Devyn
Last Name	Chorvat
Middle name	Rhea
Address1	10071 NE 30th Street
City	Bronson
State	Fl
Zip	32621
Phone Number	3523166964
Email Address	<a href="mailto:devyn.chorvat@gmail.com">devyn.chorvat@gmail.com</a>
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?	Yes
If you selected "Yes" Name:	Devyn Smith
Are you able to perform the essential functions of the position as listed and described on the job	Yes

description for this position with or without a reasonable accommodation?

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

*Field not completed.*

Dept. or Office Location:

*Field not completed.*

Relationship

*Field not completed.*

Have you ever been employed by Levy County Commissioners?

No

Date Employed:

*Field not completed.*

Department

*Field not completed.*

Supervisor Name:

*Field not completed.*

Reason for Leaving:

*Field not completed.*

Law Violation Record: Have you ever been convicted, pled nolo contendere, 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:

*Field not completed.*

Date:

*Field not completed.*

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
<b>Education - Training - Skills</b>	
Highest Education Level Attained?	Master's
High School or Issuing Equivalent:	Williston High School
Graduated:	Yes
Undergraduate College or Universities:	Saint Leo University
Graduated:	Yes
Credit Hours Completed:	<i>Field not completed.</i>
Type of Diploma or Degree/Major Field or Study:	Bachelor in Elementary Education
Graduate School:	Saint Leo University
Graduated:	Yes
Credit Hours Completed:	<i>Field not completed.</i>
Type of Diploma or Degree/Major Field or Study:	Masters in 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: N/A

---

\* Special training, knowledge, skills or abilities related to the position in which you are applying: N/A

---

### **LICENSES-CERTIFICATIONS-REGISTRATIONS**

---

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

---

Name of License/Certification/Registration:	Florida Educator Certificate
---	------------------------------

---

Issued By:	Florida Department of Education
------------	---------------------------------

---

Number:	883917
---------	--------

---

Issue Date:	10/05/2020
-------------	------------

---

Enter the Date Issued. Expiration Date:	06/30/2026
---	------------

---

State:	FL
--------	----

---

Name of License/Certification/Registration:	Registered Cardiac & Vascular Sonographer
---	---

---

Issued By:	Cardiovascular Credentialing International
------------	--

---

Number:	C00129481
---------	-----------

---

Issue Date:	08/08/2022
-------------	------------

---

Expiration Date:	09/30/2026
------------------	------------

---

State:	FL
--------	----

---

### **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:	<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>
------	-----------------------------

---

State	<i>Field not completed.</i>
-------	-----------------------------

---

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

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



Company Name:	Field not completed.
Phone	Field not completed.
From Mo./Yr.	Field not completed.
To Mo./Yr.	Field not completed.
Street Address	Field not completed.
City	Field not completed.
State	Field not completed.
Zip Code	Field not completed.
Job Title	Field not completed.
Number of Employees Supervised:	Field not completed.
Starting Pay	Field not completed.
Ending Pay:	Field not completed.
May we contact this Employer?	Field not completed.
Supervisor's Name:	Field not completed.
Supervisor's Phone Number	Field not completed.
Reason for Leaving:	Field not completed.
Duties and Responsibilities:	Field not completed.
<b>Veterans' Preference</b>	
Do you wish to claim Veterans' Preference?	No
If Yes: Branch:	Field not completed.
Entry Date:	Field not completed.
Discharge Date:	Field not completed.

Applicants seeking Veterans' Preference must attach the Veterans' Preference Certification and a Copy of their DD 214 to this application.

Veterans' Preference  
Documentation Requirements

[Veterans' Preference Forms](#)

## References

List 3 References who are NOT Relatives.

Full Name	Charlie Kenndey
Complete Address:	10091 NE 30th Street Bronson, FL 32621
Occupation	Business Owner/County Commissioner
Phone Number	352-213-2088
Years Known:	20+

(Section Break)

Full Name	Danielle Etheridge
Complete Address:	14471 NE 20th Street Williston, FL 32696
Occupation:	Church Administrative Assisstant -Williston Church Of God
Phone Number	352-494-9228
Years Known:	47+

(Section Break)

Full Name	Taylor Sewell
Complete Address:	2850 NE120th Ave Bronson, FL 32621
Occupation:	Sales/Business Owner
Phone Number	352-221-1072
Years Known	20+

## 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	Devyn R Chorvat
Date:	7/9/2025

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

---

Email not displaying correctly? [View it in your browser.](#)