

**LEVY COUNTY BOARD OF  
COUNTY COMMISSIONERS  
EMPLOYMENT APPLICATION**

**Human Resource Office**  
310 School Street Bronson, FL. 32621  
Mailing Address: Post Office Box 310

**For:**  **Planning Commission**  
 **Board of Adjustments**  
 **Construction Industry Licensing Board**

Telephone: 352.486.5219  
Fax: 352.486.5167

**Instructions: Please print or type. Complete all items. If a question is not applicable, enter "N/A". Do not leave any sections blank. Failure to do so may result in loss of employment opportunities.**

PERSONAL INFORMATION		
Last Name <b>Wise</b>	First Name: <b>Derrick</b>	Middle: <b>Kevin</b>
Address: <b>241 South Main Street</b>		Home Phone: <b>904-626-5270</b>
City, State, Zip Code <b>Williston, FL 32696</b>		Cell Phone:
County: <b>Levy</b>	Email Address: <b>derrick@wiseaccountingtaxes.com</b>	

**Relatives Employed By Levy County:** Do you have any relatives by blood or marriage including elected officials, working for the Board of County Commissioners or other elected officials in Levy County Government? Yes  No  If yes, complete the following:

FULL NAME OF RELATIVE(S)	DEPT. OR OFFICE LOCATION	RELATIONSHIP

HAVE YOU EVER BEEN EMPLOYED BY LEVY COUNTY COMMISSIONERS?  Yes  No If yes, from \_\_\_\_\_ to \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

**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?  Yes  No If yes, provide details. 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.

OFFENSE	DATE	PLACE	DISPOSITION

**Do you have a Valid Florida Driver's License?**  Yes  No

**Are you on the exclusion list for the U.S. Department of Health and Human Services Office of Inspector General?**  Yes  No

**EDUCATION - TRAINING - SKILLS**

Highest Education  Less than HS  Tech School  2 Year College  Some Grad School  MD,DDS,JD  Post  
Level Attained?  HS Graduate  Doctorate  Some College  Bachelors  Master's  GED

Type of School	Name of School and State	Credit Hours Completed	Graduated		Type of Diploma or Degree	Major Field or Study
			Yes	No		
H S or Issuing Equivalent	Williston High School		X			
Undergraduate College or Universities	University of North Florida	130	x		BA	Accounting
Graduate School						
Technical Vocational or Bus School						

### EMPLOYMENT HISTORY

Experience: Beginning with you 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."

Dates Employed		Employer <b>Wise Accounting</b>	Address <b>241 S Main Street</b>	
From <b>06/01/2012</b>	Phone (Area Code) <b>352-529-0404</b>	City <b>Williston</b>		State <b>FL</b>
To <b>/ /</b>	Supervisors Name <b>Derrick Wise</b>	Supervisors Title <b>President</b>		
Your Title <b>President</b>				
Did you Supervise: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities <b>Advise clients, prepare and submit returns to keep clients in compliance with government agencies, over see 5 employees and manage operations</b>			
No. Supervised:				
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving			
If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Dates Employed		Employer <b>Beauchamp &amp; Edwards CPA</b>	Address <b>105 E Park Ave</b>	
From <b>05/01/2008</b>	Phone (Area Code) <b>352 493 4808</b>	City <b>Chiefland</b>		State <b>FL</b>
To <b>04/30/2012</b>	Supervisors Name <b>Robert &amp; Jeff Beauchamp</b>	Supervisors Title <b>Managing Partners</b>		
Your Title <b>Senior Staff Accountant</b>				
Did you Supervise: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Duties/Responsibilities <b>Prepare tax returns, resolve IRS cases</b>			
No. Supervised:				
<input checked="" type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving <b>Started my own practice</b>			
Dates Employed		Employer	Address	
From <b>/ /</b>	Phone (Area Code)	City		State
To <b>/ /</b>	Supervisors Name	Supervisors Title		
Your Title				
Did you Supervise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities			
No. Supervised:				
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving			

<b>REFERENCES: List 3 references who are NOT relatives:</b>				
NAME	COMPLETE ADDRESS (include zip code)	PHONE	OCCUPATION	YRS KNOWN
Matt Brooks		3526011288	Self Employed	36
Michael Earnest		3522783126	COO	15
Robert Hobby		3523028117	Self Employed	10

<b>LICENSES-CERTIFICATIONS-REGISTRATIONS</b>				
Please Indicate any Professional/ Occupational Licenses or Registrations/ Certifications you currently hold:				
Name of Enrolled Agent License/Certification/Registration	120155	08/01/13	Expiration Date	FL
Issued By: IRS	Number	Issue Date	Date	State
Name of License/Certification/Registration			Expiration Date	
Issued By:	Number	Issue Date	Date	State

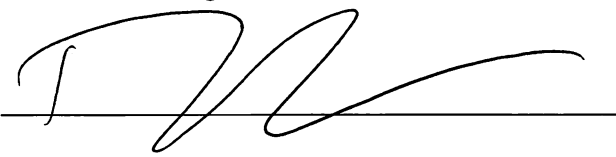
**DRUG FREE WORKPLACE STATEMENT**

Levy County is a drug free workplace, and as such is committed to providing an environment that encourages and supports a healthy, productive workforce and ensures safe working conditions.

**PRE -EMPLOYMENT BACKGROUND CHECKS**

Satisfactory completion of a pre-employment background check is a condition of employment with Levy County. Applicants selected for hire will be asked to provide specific information and documentation, which will be utilized to conduct a thorough background investigation.

I certify that the information contained in this application is correct and complete to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or the dismissal from employment. I hereby authorize investigation of all statements I have made herein. I authorize that the companies or persons named herein to give any information regarding my past employment, together with any information they may have regarding me, whether or not it is on their record. I hereby release said companies or persons, and Levy County Government from all liability for any damages whatsoever for issuing or obtaining this information. I understand that applications submitted for county employment are public records. In the event I am employed by Levy County, I agree to comply with all its policies, rules, and regulations.

Applicant's Signature:  Date: 8/8/22

**All applications are subject to Florida Public Records Law**

**LEVY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**