

**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 Earnest	First Name: Michael	Middle: Wayne
Address: 18851 NE 55th St		Home Phone: 352-278-3126
City, State, Zip Code Williston		Cell Phone: 352-278-3126
County: Levy	Email Address: michael@all-inremoval.com	

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 <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the following:		
FULL NAME OF RELATIVE(S)	DEPT. OR OFFICE LOCATION	RELATIONSHIP
N/A		

HAVE YOU EVER BEEN EMPLOYEED 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
N/A			

- 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 Level Attained? Less than HS Tech School 2 Year College Some Grad School MD,DDS,JD Post
 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		x			
Undergraduate College or Universities						
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 All-In Removal	Address 230 SE HWY 41	
From 10242014	Phone (Area Code) 352-529-0800	City Williston	State FL
To Présent	Supervisors Name	Supervisors Title	
Your Title President /COO			
Did you Supervise: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities Run the business		
No. Supervised: 49			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving		
If present employer, may we contact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Dates Employed	Employer Amreican Shavings	Address 18851 NE 55th St	
From 2004 /	Phone (Area Code) 352-278-3126	City Williston	State FL
To 2014 /	Supervisors Name	Supervisors Title	
Your Title Owner/Operator			
Did you Supervise: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Duties/Responsibilities All		
No. Supervised: 3			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated	Reason For Leaving Sold to All-In Removal in 2014		
Dates Employed	Employer	Address	
From / /	Phone (Area Code)	City	State
To / /	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		

REFERENCES: List 3 references who are NOT relatives:				
NAME	COMPLETE ADDRESS (include zip code)	PHONE	OCCUPATION	YRS KNOWN
Matt Brooks	PO Box 848 Williston Fl 32696	352-601-1288	Entrepreneur	Forever
Don Standridge	3431 se 201 terrace Morriston Fl 32668	352-817-7739	Lieutenant, Aviation	Forever
Larry King	4750 NE 180th Ave Williston Fl 32696	352-339-1064	Farm Manager	25yrs

LICENSES-CERTIFICATIONS-REGISTRATIONS				
Please Indicate any Professional/ Occupational Licenses or Registrations/ Certifications you currently hold:				
Name of License/Certification/Registration	Number	Issue Date	Expiration Date	State
Issued By:				
Name of License/Certification/Registration	Number	Issue Date	Expiration Date	State
Issued By:				

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: 07/26/2022

All applications are subject to Florida Public Records Law

LEVY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER