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

## **Human Resource Office**

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

	ion muu	stry Licensing Bo	aru	Fax: 352.486
		aplete all items. If a quest o do so may result in loss		
		PERSONAL INFO	RMATION	
ast Name		First Name:		Middle:
JONES		TAMAR		MONTEL
Address:				Home Phone:
971 NE 150TH CC	URT			
City, State, Zip Code				Cell Phone:
WILLISTON ,FL 32	2696			850.228.0591
County:	Email Addres	•		
LEVY	tamar_j	ones35@yahoo.com		
County Commissioners or oth	ner elected offici	als in Levy County Government?	Yes □ No □ If ye	
County Commissioners or off FULL NAME OF REL N/A	ner elected offici	als in Levy County Government?  DEPT. OR OFFICE LC	Yes □ No □ If ye	RELATIONSHIP
County Commissioners or oth FULL NAME OF REL N/A  HAVE YOU EVER BEEN Department:  AW VIOLATION RECORD my criminal offense in any civutomatically bar you from em	EMPLOYEEL  : Have you ever rilian or military	DEPT. OR OFFICE LO DEPT. OR OFFICE LO DBY LEVY COUNTY COMI pervisors Name: been convicted, pled nolo conten court?  Yes No If yes, provid	MISSIONERS? Rder, or had the adjet details. Note: A	s, complete the following:
County Commissioners or off FULL NAME OF REL N/A  HAVE YOU EVER BEEN Department:  LAW VIOLATION RECORD any criminal offense in any civatuomatically bar you from em	EMPLOYEEL  Solution: Have you every aployment. The results of the solution of	DEPT. OR OFFICE LO DEPT. OR OFFICE LO DBY LEVY COUNTY COMI pervisors Name: been convicted, pled nolo conten court?  Yes No If yes, provid	MISSIONERS? Rder, or had the adject details. Note: And date of the offer	RELATIONSHIP  The Yes No If yes, from to eason For Leaving:  udication of guilt withheld in connection with easy answer to this question will not
County Commissioners or oth FULL NAME OF REL N/A  HAVE YOU EVER BEEN Department: LAW VIOLATION RECORD any criminal offense in any civautomatically bar you from em applying will be considered. OFFENSE  Do you have a Vali Are you on the excl	EMPLOYEEI Solution or military apployment. The relation of the	DEPT. OR OFFICE LO DEPT. OR OFFI	MISSIONERS?  ———————————————————————————————————	RELATIONSHIP  Person No If yes, from to eason For Leaving:  udication of guilt withheld in connection with ease in relation to the position for which you are
County Commissioners or off FULL NAME OF REL N/A  HAVE YOU EVER BEEN Department: LAW VIOLATION RECORD any criminal offense in any civatomatically bar you from em applying will be considered. OFFENSE  Do you have a Vali	EMPLOYEEI Solution or military apployment. The relation of the	DEPT. OR OFFICE LO DEPT. OR OFFI	MISSIONERS?  ———————————————————————————————————	RELATIONSHIP  Pass No If yes, from to eason For Leaving:  udication of guilt withheld in connection with yes" answer to this question will not not in relation to the position for which you are  DISPOSITION

X Some College

□ Doctorate

□ Master's

□ Bachelors

□ GED

Type of School	Name of School and State	Credit Hours Completed	Graduated		Type of Diploma	Major Field or
			Yes	No	or Degree	Study
H S or Issuing	LAFAYETTE H.S.		Х			
Equivalent						
Undergraduate College or	COLLEGE OF CENTRAL FLORIDA		Х		CERTIFICATE	HR ADMIN
Universities						
Graduate School						
Graduate School						
Technical						
Vocational or Bus School						

	EMPLOYMEN	T HISTORY	
This information will be used to ev	ost recent job, describe your employment history, including aluate your qualifications for this job opening and will do	ing related volunteer or other non-paid experience. etermine your eligibility to go on to the next step of the e	evaluation process.
Dates Employed	nce on a "Separate sheet and attach to Application."  Employer  UNITY FAMILY COMMUNITY CENTER	Address 20030 NE 23RD PL	
From 3/ 5 /21	Phone (Area Code)	City WILLISTON	State FL
To CURRENT	Supervisors Name JOYCE WILSON	Supervisors Title EXECUTIVE DIRECTOR	
Your Title MENTOR	COORDINATOR		
Did you Supervise: □ Yes XNo No. Supervised:	curriculum • Maintain all program i • Assist with social media platfor project • Participate in community	ntation - Assist with Performance Measures data entry - Coordinate sites records and files - Maintain and update statistical information on program as - Develop a management plan outlining activities, timelines and evalue y events approved by Director - Coordinate and maintain a good working iny and faith based organizations Perform other tasks as assigned by D	participants ation for the relationship
□ Resigned □ Terminated	Reason For Leaving	If present employer, ma	y we contact? <b>X</b> Yes □ No
Dates Employed	Employer SUNSTATE FEDERAL CREDIT UNION	Address 405 SE 2ND PL	Α
From 11 /15/ 19	Phone (Area Code) 352-381-5200	City GAINESVILLE	State FL
To 01 /30/ 20	Supervisors Name DEBORAH	Supervisors Title BRANCH MANAGE	R
	ERVICES REPRESENTATIVE		
Did you Supervise: □ Yes XNo No. Supervised:	and loan documentation in such a manner as to elicit a positive response from: Assisting in account maintenance activities - Maintaining member loans with su Processing membership and/or checking applications, certificates, IRAs, payroll.	ion services; providing information regarding services and some counseling as necessary. Discussing k the member: Conducting loan interviews and obtaining previous credit history of member, as well as of proporting loan documents. Answering telephone and responding to mall inquiries. Performing file maint direct depost, etc Providing basic financial counseling when needed or requested by members. Ama now with OFAG, and the Bark Secrety Act Responsible for working cooperatively with other departm.	er pertinent data that could be used later,+ enance and account changes as needed.+ wering customer guestions and investigating
□ Resigned □ Terminated	Reason For Leaving  LAID OFF DUE TO PANDEM		
Dates Employed	Employer FLORIDA CREDIT UNION	Address 2803 SW 42ND ST	
From 05 / 2 / 19	Phone (Area Code) 352-377-4141	City GAINESVILLE	State FL
To 10 /25/ 19	Supervisors Name INEZ	Supervisors Title BRANCH MANAGE	R
Your Title			
Did you Supervise:  Yes XNo No. Supervised:	and loan documentation in such a manner as to elicit a positive response from the member - Co Assisting in account maintenance activities - Maintaining member loans with supporting loan do Processing membership and/or checking applications, certificates, IRA's, payroll, direct deposit, et	viding information regarding services and some courseling as necessary. Discussing loan alternatives, nducting loan interviews and obtaining previous credit history of member, as well as other periment data cuments. *Answering telephone and responding to mail inquiries. Performing file maintenance and according to the properties of the previous properties of the previous properties of the previous properties of the departments in the credit and the Bank Secrey Act. *Responsible for working cooperatively with other departments in the credit and the Bank Secrey Act. *Responsible for working cooperatively with other departments in the credit to the properties of the p	that could be used later.  ount changes as needed.  questions and investigating
□ Resigned	Reason For Leaving		
□ Terminated	NEW OPPROTUNITY	1	

REFERENCES: List 3 references who are NOT relatives:					
NAME	COMPLETE ADDRESS (include zip code)	PHONE	OCCUPATION	YRS KNOWN	
WILLIE BATTLES	WILLISTON, FL	352-682-5785	CEO/PASTOR	11	
ZERIAH FOLSTON	NEWBERRY, FL	352-256-6230	DIRECTOR	8	
ED LAW	FLEMMINGTON, FL	352-214-1824	TRUCK DRIVER	9	

LICENSES-CERTIFICATIONS-REG	ISTRATIONS				
Please Indicate any Professional/ Occu	pational Licenses	or Registrations	s/ Certifications you	currently hold:	
Name of HR ADMIN License/Certification/Registration	N/A	N/A	2018	Expiration	FL
Issued By:	Number		Issue Date	Date N/A	State
Name of					_
License/Certification/Registration				Expiration	
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 an 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: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

All applications are subject to Florida Public Records Law