

LEVY COUNTY BOARD OF COUNTY COMMISSIONERS APPLICATION FOR EMPLOYMENT P.O. BOX 310 BRONSON, FL 32621 TELEPHONE: (352) 486-5218 EXT. 3 FAX: (352) 486-5167

* Position Applying For:



Instructions: 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.

* Department:

		:	•			
Director			Cons	struction/N	Vaintenance/Wate	
Please type in the position f	or which you are applying for.		Please t	ype in the D	epartment Name.	
		PERSON	IAL INFORMATION			
* Last Name:		* First Name:		* Middle	Name:	
Hensley		Michael		LEE		
* Street Address:			Home Phone:		Cell Phone:	
21427 SW 106th lane	e road		4072226811		352-427-2235	
* City:	* State:	* Zip Code:	* County:	* Email:		
Dunnellon	Fl.	3 44 31	Marion	mschen	sley@aol.com	
			Type the County you reside in.			
* Are you at least 18	* Do you have a valid	l Florida Drivers	* Class:		Endorsements:	
years of age?	License?		O E - Regular License	⊙ A		
Yes 🗸	Yes		, Ов Ос			

* Have you ever worked under	a different name?	If you se	lected "Yes" Nam	e:
☐ Yes ☑ No				
		Type Name	if you selected "Yes".	
* Are you able to perform the owithout a reasonable accommo		the position as listed and	l described on the	e job description for this position with or
* Relatives Employed by Levy C County Commissioners or othe	ounty: Do you have re	elatives by blood or marr	iage including ele	ected officials, working for the Board of
Yes (If yes, please complete		avy county Government		
Full Name of Relative:		or Office Location:	Rel	ationship:
* Have you ever been employed	d by Levy County Com	nmissioners?		
\square Yes (If yes, please complete	below) 🖾 No			
Dates Employed:	Department:	Supervis	or Name:	Reason for Leaving:
Please enter to and from dates.				
with any criminal offense in an	y civilian or military co	ourt? Note: A "Yes" answ	er to this question	ration of guilt withheld in connection n will not automatically bar you from sition for which you are applying will be
☐ Yes (If yes, please complete	below) 🖾 No			
Offense:	Date:	Place:	Dis	position:
•	MM/DD/YYYY			
6	Format: MM/DD/YYYY			
* Are you on the exclusion list f	or the U.S. Departmen	nt of Health and Human	Services Office of	Inspector General?
	EI	DUCATION - TRAINING -	SKILLS	
* Highest Education Level Attai Less than High School Doctorate Bachelors	ligh School Graduate	Tech School 2)	/ear College ☐ :	Some College 🏻 🔲 Some Grad School
High School or Issuing Equivale	ent:	* Gradua	ted:	
Lake Wier High School, Florida		☑ Yes [⊒ No	
Type the name of School and State.				
Undergraduate College or	Graduated:	Credit Ho	ours Typ	e of Diploma or Degree/Major Field or
Universities:	☐ Yes ☐ No	Complete	ed: Stud	dy:
N/A	_			
Type the name of School and State.		Type the nur Hours Comp	mber of Credit oleted.	
Graduate School:	Graduated:	Credit Ho		e of Diploma or Degree/Major Field of
N/A	☐ Yes ☐ No	Complete	ed: Stud	dy:
Type the name of School and State.	•••	Time the new	mber of Credit	
		type are nur		

Hours Completed.

Technical Vocational or Bus.	Graduated:	Credit H		•	oloma or Degree/Major Fi	
School:	🗆 Yes 🔲 No	Complet	ted:	Study:		
N/A						
Type the name of School and State.		Type the nu Hours Com	umber of Credit apleted.			
* List any past accomplishments	, honors, or assignments w	hich may be releva	ant for the j	ob for which y	ou are applying:	
No major accomplishments, I try performance evaluation is 4.7	to manage each assigned p	roject to the best of	f my ability in	a timely cost s	avings manner. My averag	
If none, please type N/A.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
* Special training, knowledge, si	cills or abilities related to t	he position in whic	h you are a	pplying:		
I have knowledge and skills of al Maintenance Superintendent po facility that serviced four facilitie including waterworks, electrical,	sition at Marion Correctional s. I have hands on skills in ca	Institution for a fac	ility housed	over 1500 inma	ates and a Water/Wastewat	
If none, please type N/A.				,		
	LICENSES-CE	RTIFICATIONS-REG	SISTRATION	s		
Please Indicate any I	Professional/Occupational	Licenses or Registr	ations/Certi	fications you	currently hold below.	
No		_				
Name of License/Certification/R	egistration:	Issued By	y:			
N/A 						
Number:	Issue Date:	Expiration	Expiration Date:		State:	
Enter the License/Certification/Registration Number.	Enter the Date Issued.	Enter the Ex	rpiration Date (it	any).	Enter the State Issued.	
Name of License/Certification/R	egistration:	Issued By	y:			
Michael Hensley						
Number:	Issue Date:	Expiratio	Expiration Date:		State:	
					United States	
Enter the License/Certification/Registration Number.	Enter the Date Issued.	Enter the Ex	Enter the Expiration Date (if any).			
	EM	PLOYMENT HISTO	RY			
Experience: Beginning with yo						
experience. This information w on to the next step of the evalu	ill be used to evaluate your ation process. Describe add	qualifications for ditional related ex	this job ope perience on	ning and will a "Separate sl	determine your eligibility heet and attach to Applic	
Company Name:	Pł	hone		From Mo./Y	r. To Mo./Yr.	
FLORIDA DEPARTMENT OF CORF	ECTIONS 4	072226811		08/1999	Present	
Street Address:	City:	State:	Zip:	Starting Pay	y: Ending Pay:	
19225 US Highway 27	Clermont	FL.	34715	\$24,000.00	\$58,637.28	
Job Title:	Number of Er	nployees Supervis	ed:	May we Cor	ntact this Employer?	

,

Supervisor Name:

Supervisor's Phone Number:

Reason for Leaving:

James Farris

954-410-6662

N/A

Duties and Responsibilities:

Work with subordinates in Central and Regional Office with reviews on approved shop drawings and plans, develop schedule of values, manage budgets, preparing bid packages, analyze bids and recommend awards, approve invoices and periodic visits to job sites to review progress of project and solve any construction issues. Knowledge of principles, techniques, material and equipment used in building construction. Prepare and coordinate documentation for ADA, DEP and FEMA for facility needs, renovations or damaged buildings.

Company Name:		Phone Ex. (123) 456-7890	From Mo./Yr. To Mo./	Yr.
Street Address:	City:	State: Zip:	Starting Pay: Ending	Pay:
Job Title:			Number of Employees Supervi	sed:
Supervisor Name:		Supervisor's Phone Number: Ex. (123) 456-7890	Reason for Leaving:	
Duties and Responsibilities:				
Company Name:		Phone Ex. (123) 456-7890	From Mo./Yr. To Mo./	Yr.
Street Address:	City:	State: Zip:	Starting Pay: Ending I	ay:
Job Title:			Number of Employees Supervis	ed:
Supervisor Name:	- P I Tony Management of the Control	Supervisor's Phone Number: Ex. (123) 456-7890	Reason for Leaving:	
Duties and Responsibilities:				
Company Name:		Phone Ex. (123) 456-7890	From Mo./Yr. To Mo./	ſr.
Street Address:	City:	State: Zip:	Starting Pay: Ending F	'ay:
Job Title:			Number of Employees Supervis	ed:
Supervisor Name:		Supervisor's Phone Number:	Reason for Leaving:	AT THE WEST HARD SEA IS THE SEA IS SEATON TO SEA IS SEATON TO SEAT
		Ex. (123) 456-7890		

Duties and Responsibilities	Duties:	and	Respon	sibi	litie
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Veterans' Preference

Applicants seeking Veteran's Preference should attach the Veteran's Preference Request Form and a Copy of their DD 214 to this Application

	aim Veterans' Preference? se complete below)		·	
Branch:	Entry Da	Discharge Date:		
	List 3 R	REFERENCES references who are NOT Relatives.		
* Name:	* Complete Address:	Phone	* Occupation:	* Years Known:
William Gravely	600 S. Calhoun St. Tallahassee, Fl. 32399	850-717-3892	Bureau Chief of Const.	20
	Include Zip Code.	***		-
* Name:	* Complete Address:	Phone	* Occupation:	* Years Known:
Chuck Bozeman	600 S. Calhoun St. Tallahassee, Fl. 32399	850-717-3935	Supv. Construction Project	35
	Include Zip Code.	_		<u>-</u>
Name:	* Complete Address:	Phone	* Occupation:	* Years Known:
Eric Bindley	19225 US Highway 27 Clermont, FLORIDA	407-716-9022	Asst. Bureau Chief of Maintenance	30
	Include Zip Code.			=

ACKNOWLEDGEMENT

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

- * I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide Levy County with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you. Additionally, I understand that Levy County may conduct a background check as well as check of any social media pages I may have.
- I Acknowledge
- * Levy County is a Drug-Free Workplace. I understand that as a condition of employment I may be required to take a post-offer/preemployment alcohol/drug test. I further understand that, if management suspects that I am unable to perform my job without endangering others or myself at any time during my employment, I may be required to take an alcohol/drug test.
- O I Acknowledge
- * I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions may disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.
- (1) I Acknowledge

* Applicant Signature:

Michael L. Hensley

* Date:

08/25/2023

Format MM/DD/YYYY

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

Upload a File

Choose File No file chosen

Resume/Copies of Certifications/Licenses