

## Job Application

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Position Applying For:	Alternate Planning Commission
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Department	BOCC
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### Personal Information

First Name	Jacob
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Last Name	Piazza
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Middle name	Dale
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Address1	8130 NW 45 terrace
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City	Chiefland
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State	FL
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Zip	32626
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Phone Number	352-260-3731
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Email Address	<a href="mailto:Piazza.JacobD@gmail.com">Piazza.JacobD@gmail.com</a>
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Are you at least 18 years of age?	Yes
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Do you have a valid Florida Drivers License?	Yes
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*Class:	E - Regular License
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Endorsements:	<i>Field not completed.</i>
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Have you ever worked under a different name?	No
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If you selected "Yes" Name:	<i>Field not completed.</i>
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Are you able to perform the essential functions of the position	Yes
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as listed and described on the job 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:	<i>Field not completed.</i>
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?	High School Graduate
High School or Issuing Equivalent:	<i>Field not completed.</i>
Graduated:	Yes
Undergraduate College or Universities:	<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>
Graduate 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>
Technical Vocational or Bus. School:	south baldwin center for technology
Graduated:	Yes
Credit Hours Completed:	2 years

Type of Diploma or Degree/Major Field or Study: *Field not completed.*

\* List any past accomplishments, honors, or assignments which may be relevant for the job for which you are applying: Chiefland Chamber President, President North Florida Roofing Contractor, Certified HAAG Engineering Inspector and Reviewer, Co-chair of Roofing Industry Committee on Weather Issues Underlayment Committee, Florida Roofing Contractors Association Board Member

\* Special training, knowledge, skills or abilities related to the position in which you are applying: Owner / Operator of General and Roofing Contractor Business.

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

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

Name of License/Certification/Registration: *Field not completed.*

Issued By: *Field not completed.*

Number: *Field not completed.*

Issue Date: *Field not completed.*

Enter the Date Issued. Expiration Date: *Field not completed.*

State: *Field not completed.*

Name of License/Certification/Registration: *Field not completed.*

Issued By: *Field not completed.*

Number: *Field not completed.*

Issue Date: *Field not completed.*

Expiration Date: *Field not completed.*

State: *Field not completed.*

## 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:	itel Labratories
Phone	(800) 890-4835
From Mo/Yr.	3/2021
To Mo./Yr.	Present
Street Address	6667 cooperate center PKWY
City	Jacksonville
State	FL
Zip Code	32216
Job Title	Director of Roofing and Repair Services
Number of Employees Supervised:	11
Starting Pay	95,000
Ending Pay:	125,000
May we contact this Employer?	Yes
Supervisor's Name:	Boogie Tate
Supervisor's Phone Number	<i>Field not completed.</i>
Reason for Leaving:	still employed
Duties and Responsibilities:	Manage all aspects of all roofing and repair services. Strategic Business Development Partnership. Mergers and Aquisitions.revier SOP and training documents.
Company Name:	CFCC

Phone	<i>Field not completed.</i>
From Mo/Yr.	2020
To Mo/Yr.	2022
Street Address	15390 US-19
City	Chiefland
State	FL
Zip Code	32626
Job Title	Welding Instructor
Number of Employees Supervised:	20
Starting Pay	35.00
Ending Pay:	35.00
May we contact this Employer?	Yes
Supervisor's Name:	Holly McGlosen
Supervisor's Phone Number	<i>Field not completed.</i>
Reason for Leaving:	I was unable to maintain working 2 jobs log term
Duties and Responsibilities:	Safety and training for students in the Welding Technology Program.
Company Name:	Arc Mechanical
Phone	904 203 1593
From Mo/Yr.	2018
To Mo/Yr.	2020
Street Address	2434 Crews Lake Hills Loop N
City	lakeland
State	FL

Zip Code	33813
Job Title	Project Manager
Number of Employees Supervised:	25 to 60
Starting Pay	40.00
Ending Pay:	48.00
May we contact this Employer?	Yes
Supervisor's Name:	Charly Swanson
Supervisor's Phone Number	904 203 1593
Reason for Leaving:	Primary Plants we worked in were closed and i moved on
Duties and Responsibilities:	Plan, schedule, and safely run large industrial construction projects. work closely with
Company Name:	J & L construction
Phone	352 260 3731
From Mo/Yr.	2004
To Mo./Yr.	2018
Street Address	613 N main
City	Chiefland
State	FL
Zip Code	32626
Job Title	Owner / VP
Number of Employees Supervised:	10 to 30
Starting Pay	50,000
Ending Pay:	125,000

May we contact this Employer?	Yes
Supervisor's Name:	Jacob Piazza
Supervisor's Phone Number	352 269 3731
Reason for Leaving:	closed busisness
Duties and Responsibilities:	All daily operations to successfully run a general and roofing company, including planning, estimating, safety, training, quality control, marketing, codes, and permitting, AR, and all other aspects of managing a nd running a construction business
Company Name:	J & L construction
Phone	352 250 3731
From Mo/Yr.	2003
To Mo./Yr.	2018
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: *Field not completed.*

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### **Veterans' Preference**

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Do you wish to claim Veterans' Preference? *Field not completed.*

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If Yes: Branch: *Field not completed.*

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Entry Date: *Field not completed.*

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Discharge Date: *Field not completed.*

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

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Veterans' Preference Documentation Requirements [Veterans' Preference Forms](#)

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### **References**

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List 3 References who are NOT Relatives.

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Full Name	Charley Kenedy
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Complete Address:	10091 ne 30st Bronson FL 32621
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Occupation	BOCC/ Roofing contractor
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Phone Number	352-335-1969
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Years Known:	20
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(Section Break)

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Full Name	Tracy stockman
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Complete Address:	105 Rodgers Blvd. Chiefland FL 32626
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Occupation:	School Board Maintenance Supervisor
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Phone Number	352 949 0901
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Years Known:	25
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(Section Break)

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Full Name	Mike Silvers
Complete Address:	3728 59th ave.,Ellenton FL 34222
Occupation:	FRSA Technical Director
Phone Number	727 214 7649
Years Known	18

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**ACKNOWLEDGEMENT**

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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	Jacob Piazza
Date:	4/23/2025

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

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