Application for Employment

Print

Submitted by:

Submitted On: 2024-07-15 10:34:19

Submission IP: (209.251.159.235)

proxy-IP (raw-IP)

Status: Open

Priority: Normal

Assigned To: Human Resources

Due Date: Open

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 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:

Planning Director				
Please type in the position for which you are applying for.		Please type in the Department Name.		
PERSONA	AL INFORMATION			
* First Name:		* Middle Name:		
Howell Tara		E		
	Home Phone:	Cell Phone:		
	Ex. (123) 456-7890	3524401122		
* Zip Code:	* County:	* Email:		
32693	Gilchrist	thowell777@gmail.com		
	Type the County you reside in.	3		
d Florida Drivers	* Class:	Endorsements:		
	E - Regular Licens	se OA		
	* First Name: Tara * Zip Code: 32693	PERSONAL INFORMATION * First Name: Tara Home Phone: Ex. (123) 456-7890 * Zip Code: * County: 32693 Gilchrist Type the County you reside in. I Florida Drivers * Class:		

	different name?	If you selected "Yes" I	Name:
☐ Yes ☑ No			
		Type Name if you selected "Y	es".
* Are you able to perform the esswithout a reasonable accommod Yes No	and contains the principle of the property of	listed and described or	the job description for this position with or
* Relatives Employed by Levy Co.	untv: Do vou have relatives by blo	od or marriage includin	g elected officials, working for the Board of
	elected officials in Levy County Go		g cicetica dinicials, working for the Board of
Yes (If yes, please complete be	elow) 🖾 No		
Full Name of Relative:	Dept. or Office Locati	on:	Relationship:
* Have you ever been employed ! Yes (If yes, please complete be			
Dates Employed:	Department:	Supervisor Name:	Reason for Leaving:
	•		
Please enter to and from dates.			
* Law Violation Record: Have you	ever been convicted, pled nolo co	ontender, or had the adj	udication of guilt withheld in connection
			estion will not automatically bar you from e position for which you are applying will be
☐ Yes (If yes, please complete be	elow) 🖾 No		
Offense:	Date: Place:		Disposition:
Offense:	Date: Place: MM/DD/YYYY		Disposition:
Offense:			Disposition:
* Are you on the exclusion list fo	MM/DD/YYYY	nd Human Services Offic	
	MM/DD/YYYY Format: MM/DD/YYYY	ad Human Services Offic	
* Are you on the exclusion list fo	MM/DD/YYYY Format: MM/DD/YYYY r the U.S. Department of Health ar	nd Human Services Officer	
* Are you on the exclusion list fo	MM/DD/YYYY Format: MM/DD/YYYY r the U.S. Department of Health ar EDUCATION - T		
* Are you on the exclusion list for Yes No * Highest Education Level Attaine Less than High School	MM/DD/YYYY Format: MM/DD/YYYY r the U.S. Department of Health ar EDUCATION - To	RAINING - SKILLS	
* Are you on the exclusion list for Yes No * Highest Education Level Attaine Less than High School	MM/DD/YYYY Format: MM/DD/YYYY The U.S. Department of Health an EDUCATION - To ed? gh School Graduate	RAINING - SKILLS	ce of Inspector General?
* Are you on the exclusion list for Yes No * Highest Education Level Attaine Less than High School Hi Doctorate Bachelors	MM/DD/YYYY Format: MM/DD/YYYY The U.S. Department of Health an EDUCATION - To ed? gh School Graduate	RAINING - SKILLS ool	ce of Inspector General?
* Are you on the exclusion list for Yes No * Highest Education Level Attaine Less than High School Hi Doctorate Bachelors High School or Issuing Equivalen	MM/DD/YYYY Format: MM/DD/YYYY The U.S. Department of Health an EDUCATION - To ed? gh School Graduate	RAINING - SKILLS pol	ce of Inspector General?
* Are you on the exclusion list for Yes No * Highest Education Level Attaine Less than High School Hi Doctorate Bachelors High School or Issuing Equivalen Columbia High School Type the name of School and State. Undergraduate College or	MM/DD/YYYY Format: MM/DD/YYYY The U.S. Department of Health an EDUCATION - To ed? gh School Graduate	RAINING - SKILLS DOI	ce of Inspector General? Some College Some Grad School Type of Diploma or Degree/Major Field or
* Are you on the exclusion list for Yes No * Highest Education Level Attaine Less than High School Hill Doctorate Bachelors High School or Issuing Equivalen Columbia High School Type the name of School and State. Undergraduate College or Universities:	MM/DD/YYYY Format: MM/DD/YYYY The U.S. Department of Health an EDUCATION - To ed? gh School Graduate	RAINING - SKILLS ool	ce of Inspector General? ☑ Some College ☐ Some Grad School
* Are you on the exclusion list for Yes No * Highest Education Level Attaine Less than High School Hi Doctorate Bachelors High School or Issuing Equivalen Columbia High School Type the name of School and State. Undergraduate College or Universities: Lake City Community College	MM/DD/YYYY Format: MM/DD/YYYY The U.S. Department of Health an EDUCATION - To ed? gh School Graduate	RAINING - SKILLS DOI	ce of Inspector General? Some College Some Grad School Type of Diploma or Degree/Major Field or
* Are you on the exclusion list for Yes No * Highest Education Level Attaine Less than High School Hill Doctorate Bachelors High School or Issuing Equivalen Columbia High School Type the name of School and State. Undergraduate College or Universities:	MM/DD/YYYY Format: MM/DD/YYYY The U.S. Department of Health an EDUCATION - To ed? gh School Graduate	RAINING - SKILLS DOI	ce of Inspector General? Some College Some Grad School Type of Diploma or Degree/Major Field or
* Are you on the exclusion list for Yes No * Highest Education Level Attaine Less than High School Hi Doctorate Bachelors High School or Issuing Equivalen Columbia High School Type the name of School and State. Undergraduate College or Universities: Lake City Community College	MM/DD/YYYY Format: MM/DD/YYYY The U.S. Department of Health an EDUCATION - To ed? gh School Graduate	RAINING - SKILLS DOI	ce of Inspector General? Some College Some Grad School Type of Diploma or Degree/Major Field or
* Are you on the exclusion list for Yes No * Highest Education Level Attaine Less than High School Hi Doctorate Bachelors High School or Issuing Equivalent Columbia High School Type the name of School and State. Undergraduate College or Universities: Lake City Community College Type the name of School and State.	MM/DD/YYYY Format: MM/DD/YYYY In the U.S. Department of Health and EDUCATION - To ed? gh School Graduate ☐ Tech School Master's ☐ MD, DDS, JD ☐ Po tt: Graduated: ☐ Yes ☑ No	RAINING - SKILLS DOI	ce of Inspector General? Some College □ Some Grad School Type of Diploma or Degree/Major Field or Study:

Hours Completed.

Technical Vocational or Bus.	Graduated:	Credit Hours	Type of Diploma or Degree/Major Field or
School:	☐ Yes ☐ No	Completed:	Study:
Type the name of School and State.		Type the number of Credit Hours Completed.	
* List any past accomplishments,	honors, or assignments wh	ich may be relevant for the job	o for which you are applying:
Working with private developer to Gilchrist County to have large par			previously denied. Working with resident of
If none, please type N/A.			
* Special training, knowledge, ski	lls or abilities related to the	position in which you are app	olying:
Florida Planning Officials Training	Self educate through UF Urb	an Planning syllabus AICP prep (Course - Planetizen
If none, please type N/A.			
Please Indicate any P		TIFICATIONS-REGISTRATIONS censes or Registrations/Certifi	cations you currently hold below.
Name of License/Certification/Re	gistration:	Issued By:	
Sitting for AICP in November			
Number:	Issue Date:	Expiration Date:	State:
Enter the License/Certification/Registration Number.	Enter the Date Issued.	Enter the Expiration Date (if a	ny). Enter the State Issued.
Name of License/Certification/Re	gistration:	Issued By:	
Number:	Issue Date:	Expiration Date:	State:
Enter the License/Certification/Registration Number.	Enter the Date Issued.	Enter the Expiration Date (if a	ny). Enter the State Issued.
	EMP	LOYMENT HISTORY	
experience. This information will	l be used to evaluate your	qualifications for this job open	luding related volunteer or other non-paid ing and will determine your eligibility to go "Separate sheet and attach to Application."
Company Name:	Pho	one	From Mo./Yr. To Mo./Yr.
JBPro	Ex.	(123) 456-7890	2/2024 Current
Street Address:	City:	State: Zip:	Starting Pay: Ending Pay:
	Gainesville	FI	\$52,000 Same
Job Title:	Number of Em	ployees Supervised:	May we Contact this Employer?
Planner			☐ Yes ☑ No
Supervisor Name:	Sup	ervisor's Phone Number:	Reason for Leaving:

Ex. (123) 456-7890

Still employed

Duties and Responsibilities:

Comprehensive plan updates Land Development Regulation Updates Master Plans Staff reports for local jurisdictions for Rezoning/Conditional permit applications and other Land Use applications Submitting land use applications to local planning departments for private clients. Present to Boards and Commissions. School Planning

Company Name:		Phone		From Mo./Yr.	To Mo./Yr.
Gilchrist County BOCC		Ex. (123) 456-7890		4/2019	2/2024
Street Address:	City:	State:	Zip:	Starting Pay:	Ending Pay:
201 SE 1st Street	Trenton	FI	32593	\$36,000	\$43,000
ob Title:				Number of Emplo	yees Supervised:
Zoning Administrator - Assis	tant Planner			1	NAME OF TAXABLE PARTY.
Supervisor Name:		Supervisor's Phone	Number:	Reason for Leavin	g:
Gene Stockman		3525355982		Offered higher sa	lary
Outies and Responsibilities:					
Review all land use application Work with fire marshall on co					55
Company Name:		Phone		From Mo./Yr.	To Mo./Yr.
Virtual Office Va Staffing - pl	ease see attached resume	Ex. (123) 456-7890			
Street Address:	City:	State:	Zip:	Starting Pay:	Ending Pay:
ob Title:				Number of Emplo	yees Supervised:
Supervisor Name:		Supervisor's Phone	Number:	Reason for Leavin	g:
		Ex. (123) 456-7890			
Outies and Responsibilities:					
Company Name:		Phone		From Mo./Yr.	To Mo./Yr.
Please see attached resume		Ex. (123) 456-7890			
Street Address:	City:	State:	Zip:	Starting Pay:	Ending Pay:
lalle many an			4		
ob Title:				Number of Emplo	yees Supervised:
Supervisor Name:		Supervisor's Phone	Number:	Reason for Leavin	g:

Duties and Responsibilities:

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

* Do you wish to Cla	aim Veterans' Preference?			
☐ Yes (If Yes, please ☑ No	e complete below)			
Branch:	Entry Date:		Discharge Date:	
		REFERENCES		
	List 3	References who are NOT Re	latives.	
* Name:	* Complete Address:	Phone	* Occupation:	* Years Known:
Gene Stockman -	201 SE 1st Street Trenton, FI 32693 Include Zip Code.	3525355982	Building Official	4
* Name:	* Complete Address:	Phone	* Occupation:	* Years Known:
Duke Lang	202 SE 1st Street Trenton, FI 32693	3524637800	Attorney	6
	Include Zip Code.			
* Name:	* Complete Address:	Phone	* Occupation:	* Years Known:
Marshall Mcelroy	4475 SW 35th Terrace Gainesville, Fl 32608	3522583346	Building Official	4
	Include Zip Code.	-		
		ACKNOWLEDGEMENT		
	Please read carefully, chec	k I Acknowledge for each p	paragraph, and sign below.	
application form (an opinion, personal or may result from furr	rson, school, current employer (exe nd accompanying resume or other rotherwise, that may be useful in a nishing information and opinion to ck a check of any social media pag	documentation, if any) to p making a hiring decision. I r o you. Additionally, I unders	provide Levy County with relev release all parties from all liabi	ant information and lity for any damage that
employment alcohol	rug-Free Workplace. I understand I/drug test. I further understand ti or myself at any time during my e	nat, if management suspect	s that I am unable to perform	my job without
personally complete submitted) are true	dge that I have read the above sta ed this application. I declare that th and complete to the best of my kr asideration for employment, and w	ne facts contained in the ap nowledge. I understand that	plication (or any resume or otl tany misrepresentations or on	ner documents hissions may disqualify
* Applicant Signatur	re:	* Date:		
Tara E Howell		07/15/2024		
•		Format: MM/DD/	ΥΥΥΥ	

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



TARA HOWELL PLANNER/ZONING ADMINISTRATOR

PROFILE

As a Planner and Zoning
Administrator, I bring experience
in evaluating and enforcing zoning
regulations, reviewing zoning and
development applications and
determining compliance of
applications. I am also skilled in
assisting applicants in the
development approval process.
My strong ability to juggle
multiple tasks allows me to
manage numerous projects
successfully.

EDUCATION

AICP Prep Course - Planetizen

Self-Study through UF Urban Planning Syllabus

The Florida Planning Officials Training program

CONTACT

thowell777@gmail.com (352) 440-1122 5120 SW County Road 341

Trenton, Fl. 32693

EXPERIENCE

PLANNER

FEBRUARY 2024 - PRESENT

Responsible for developing, implementing, and evaluating plans and programs related to land use, community development, and environmental issues. Working with local government officials, community groups, and key stakeholders to develop strategies that help create sustainable, livable neighborhoods and cities. Conduct research and gathering data on community needs, environmental issues, and other relevant factors. Analyze data and create reports to inform decision-making processes. Evaluate the effectiveness of existing plans and programs and recommend changes as needed. Reviewing applications for policy and regulation compliance, drafting staff reports and presenting to Board or Commission.

ZONING ADMINISTRATOR, ASSISTANT PLANNER

APRIL 2019 - FEBRUARY 2024

Responsible for overseeing the daily operations of Building and Zoning County Department. Communicate with department heads, relaying important information or policy changes from upper management. Responsible for implementing training to enhance employee productivity and digital presence to meet and surpass ADA requirements for client base. Review applications to determine compliance with County Land Use Regulations. Applications include but are not limited to; lot splits, Special Use Permits, Site and Development Plans, Variance request, zoning compliance applications for all new residential and commercial construction. Temporary Use Permit applications. Place required advertisement and mailings for Quasi-Judicial Hearings and attend Board meetings.

HR DIRECTOR

JANUARY 2012 - APRIL 2019

Oversee daily operations of online virtual staffing company with 100+ contractors. Create and implement online training programs for new contractors. Collaborate with department heads to increase productivity. Promote the company's brand and aid in the acquisition of new clientele. Schedule and maintain monthly team leader and contractor meetings. Implement and maintain working capital budget.

BUSINESS OWNER

JANUARY 2006 - MARCH 2012

Private business owner of new construction permitting services. Maintain a schedule and budget for each project. Meet with clients and review their ideas and concerns for the development of property. Meet all local, state, and federal requirements for the development application process. Submit application packets to appropriate departments. Manage marketing and sales to develop effective marketing strategies and oversee sales efforts to attract and retain customers.

KEY SKILLS AND CHARACTERISTICS

Proficient in interpersonal and communication abilities • Skilled in MS Office Suite • Capable of working in a team-oriented environment • Problem-solving expertise • Demonstrated leadership • Rigorous attention to detail • Superior organizational abilities • Graceful under pressure