Application for Employment Submitted by: Submitted On: 2022-07-15 04:54:27 Status: Open Assigned To: Human Resources Priority: Normal Due Date: Open Attachments • amillerresume.docx - 2022-07-15 04:54:27 am

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



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.

Position Applying For:		* Department: Commission Office			
Grants Coordinator – Legisla					
Please type in the position for which	you are applying for.			Please type in the	e Department Name.
		PERSONAL II	NFORMATION		
Last Name:		* First Name:		* Middle N	lame:
Miller		Andrew		F	
Street Address:			Home Phone:		Cell Phone:
15202 NW 147th Drive, Suit	e 1200-202		Ex. (123) 456-7890		Ex. (123) 456-7890
City:	* State:	* Zip Code:	* County:	* Email:	
Alachua	FL	32615	Alachua	medicthre	ee@tutamail.com
rears of age?	o you have a valid F	lorida Drivers License?	Type the County you reside in. * Class: • E - Regular License		Endorsements:
Yes 🗸			Ов Ос		
Have you ever worked und	der a different name	?	If you selected "Yes" N	ame:	
			Type Name if you selected "Ye	s".	
* Are you able to perform the reasonable accommodation Yes No		s of the position as listed	and described on the job	description	for this position with or without
Relatives Employed by Lev Commissioners or other elec			narriage including electe	d officials, w	orking for the Board of County

Full Name of Relative:	Dept. or Office Location:		Relationship:	
* Have you ever been employed by	Levy County Commi	ssioners?	·	
☐ Yes (If yes, please complete below				
Dates Employed:	Department:		Supervisor Name:	Reason for Leaving:
Please enter to and from dates.				
	litary court? Note: /	A "Yes" answer to	this question will not au	on of guilt withheld in connection with any tomatically bar you from employment. The natu ying will be considered.
Yes (If yes, please complete below	w) 🔽 No			
Offense:	Date:	Place:		Disposition:
	MM/DD/YYYY			
	Format: MM/DD/YYYY			
* Are you on the exclusion list for th	e U.S. Department o	of Health and Hui	man Services Office of Ins	spector General?
☐ Yes 🛂 No				
		EDUCATION - 1	RAINING - SKILLS	
* Highest Education Level Attained? Less than High School High: Doctorate Bachelors Ma				ne College 🔲 Some Grad School
	ister s 🗀 Mio, Dos	POST C		
High School or Issuing Equivalent:			* Graduated: ☑ Yes ☐ No	
			IES 🗀 NO	
Type the name of School and State.				
Undergraduate College or Universities:	Graduated:		Credit Hours Completed:	Type of Diploma or Degree/Major Field or Study:
	Yes 🗌 No		·	•
Liberty University, VA Type the name of School and State.			121 Type the number of Credit	BS/School of Business -HCA
Type the name of School and State.			Hours Completed.	
Graduate School:	Graduated:		Credit Hours	Type of Diploma or Degree/Major Field of
	☐ Yes ☐ No		Completed:	Study:
Type the name of School and State.				
			Type the number of Credit Hours Completed.	
Technical Vocational or Bus. School:	Graduated:		Credit Hours	Type of Diploma or Degree/Major Field or
	☐ Yes ☐ No		Completed:	Study:
Type the name of School and State.				•
,,			Type the number of Credit Hours Completed.	
* List any past accomplishments, hor	nors, or assignments	s which may be re	elevant for the job for wh	ich you are applying:
Graduated from Liberty University Sci				<u>-</u>
If none, please type N/A.				· _ · · · · · · · · · · · · · · · · · ·
* Special training, knowledge, skills	or shilitiae ralatad t	n the position i-	which you are applying	
Lyas amplaced for over 10 years at a		·		and and from the contract of t

I was employed for over 10 years at a non-profit agency under the Florida Dept. of Elder Affairs that received funding through grants and was occasionally involved with the grant writing process and also acted as a liaison with other organizations concerning IT issues. I participated in a one semester class at Liberty University in Grantsmanship, where we practiced the entire procedure. I completed a one semester class in Microsoft Office 365 which included the Word/PowerPoint/Excel/Outlook/Access applications.

LICENSES-CERTIFICATIONS-REGISTRATIONS

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

Name of License/Certification/Registration:			Issued By:				
Paramedic			Florida I	Dept. of Healtl	1		
Number:	Issue Date: 4/2/2008		Expiration Date:			State:	
PMD514811							
Enter the License/Certification/Registration Number.			Enter the Ex	piration Date (if a	ny). Enter th	e State Issued.	
Name of License/Certification/Registration:			Issued By:				
Number:	Issue Date:		Expiratio	n Date:	State:		
Enter the License/Certification/Registration Number.	Enter the Date Issued.		Enter the Expiration Date (if any).			Enter the State Issued.	
Experience: Beginning with your m	ost recent iob describe		ENT HISTO		elated volunteer or of	her non-naid experience. This	
information will be used to eval	-	s for this job o	pening and	will determin	e your eligibility to g	o on to the next step of the	
Company Name:		Phone			From Mo./Yr.	To Mo./Yr.	
Levy County Dept. of Public Safety		352-486-5	5209		05/2022	present	
Street Address:	City:		State:	Zip:	Starting Pay:	Ending Pay:	
1251 NE County Road 343	Bronson		FL	32621	None		
Job Title:	Number	of Employees	Supervised	•	May we Contact th	is Employer?	
Support Responder	None				Yes No		
Supervisor Name:	Superv		visor's Phone Number:		Reason for Leaving:		
Jason Hughes	352-4		36-5209		Still with LCDPS		
Duties and Responsibilities: Completed training and will be assis	iting with various duties.						
Company Name:		Phone			From Mo./Yr.	To Mo./Yr.	
Medcor		(815) 363	-9500		4/2021	4/2022	
Street Address:	City:		State:	Zip:	Starting Pay:	Ending Pay:	
3049 N US Highway 441	Lake City		FL	32055	29.25/hr		
Job Title:					Number of Employ	ees Supervised:	
Clinic Manager			<u></u>		One	-	
Supervisor Name:		Superviso	r's Phone N	umber:	Reason for Leaving	; :	
James Galindo		(815) 363-	9500		Contract Terminat	ed	
Duties and Responsibilities:							

Managed an onsite clinic for a multi-national healthcare company under contract with a large retailer and provided medical support to over 425 employees in an occupational health role. Maintained and updated file systems and ensured adherence to care protocols. Procured, inventoried, and dispensed medication and supplies. Case managed FL workers' compensation claims, Managed PRN medical assistants. Trained and led emergency response team.

Company Name: Phone From Mo./Yr. To Mo./Yr.

Palms Medical Group		352-463-2374		3/2019	4/2021
Street Address:	City:	State:	Zip:	— Starting Pay:	Ending Pay:
911 South Main Street	Trenton	FL	32693		
Job Title:				Number of Employe	es Supervised:
Clinical Quality Assura	nce/Certified Medical Assistant			None	
Supervisor Name:		Supervisor's Phone Number:		Reason for Leaving:	
Jasmine Rhodes		352-463-2374		Offered better posit	ion at Medcor
group of patients facir patients, provided sup procedures and treatm	lities: eam reach their goal of providing the being multiple chronic diseases. Interfaced viport services to patients and staff. Assistments within scope of practice. Maintaine ed, and inventoried. Supplied information	vith various vendors and o ed management with divo d EHR with current docur	other healthca erse projects a mentation of so	re entities to help resolve s requested. Assisted pro ervices provided. Receive	care gap issues. Worked u
Company Name:		Phone		From Mo./Yr.	To Mo./Yr.
Emergency Physicians	Medical Center	Ex. (123) 456-7890		11/2018	3/2019
Street Address:	City:	State:	Zip:	Starting Pay:	Ending Pay:
2445 SW 76th Street	Gainesville	FL	32608		
Job Title:				Number of Employe	es Supervised:
Paramedic		. ——		None	
Supervisor Name:		Supervisor's Phone Number:		Reason for Leaving:	
Jennifer Williams		(239) 284-9083		Offered better position at Palms	
patient care, including administrative tasks.	nd tracked patients in EMR software. Per patient support, assessment, medication g Veteran's Preference should attach to	n administration, and triag	ge. Assisted Mi	Os and management with	diverse clinical and
_	Veterans' Preference?				
Yes (If Yes, please control of the Notice Property of the Notice	omplete below)				
Branch:	Entry Date	e:		Discharge Date:	
.=	· · · · · · · · · · · · · · · · · · ·			-	
	List 3	REFERENCES References who are NO	T Relatives.		
* Name:	* Complete Address:	Phone		* Occupation:	* Years Known:
Mr. William Peel	UF School of Medicine 201 Criser Hall, Gainesville, Florida, 32611	352-273-5066		UF Lab Manager	> 10 years
* Name:	Include Zip Code. * Complete Address:	Phone		* Occupation:	* Years Known:
Mrs. Siri Haley	23352 W U.S. Hwy 27, Suite 40 High Springs, FL 32643	352-339-3273		RN	> 10 years
	Include Zip Code.				

* Complete Address:

* Name: Phone * Occupation: * Years Known:

23343 NW CR 236, High Springs,

Mrs. Rose Quinn FL 32643 352-225-0780 RN Educator > 3 years

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 a 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/pre-employment 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.
- 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.

⊙ i.	Acknowledge
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* Applicant Signature:	* Date:
Andrew Miller	07/15/2022
	Format: MM/DD/YYY

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

Andrew Miller medicthree@tutamail.com 352-663-4279

Experience:

2022-2022 Responder Support Volunteer

Levy County Department of Public Safety, Bronson, FL

Provide volunteer support assistance to Emergency Medical Services employees and management.

2021-2022 Clinic Manager

Medcor, Lake City, FL

Managed an onsite clinic for a multi-national healthcare company under contract with a large retailer and provided medical support to over 425 employees in an occupational health role. Maintained and updated file systems and ensured adherence to care protocols. Procured, inventoried, and dispensed medication and supplies. Case managed FL workers' compensation claims. Managed PRN medical assistants. Trained and led emergency response team.

2019-2021 Clinical Quality Assurance/Certified Medical Assistant

Palms Medical Group, Trenton/Gainesville, FL

Helped busy medical team reach their goal of providing the best health care services possible while simultaneously managing costs. Case managed select group of patients facing multiple chronic diseases. Interfaced with various vendors and other healthcare entities to help resolve care gap issues. Worked up patients, provided support services to patients and staff. Assisted management with diverse projects as requested. Assisted providers with medical procedures and treatments within scope of practice. Maintained EHR with current documentation of services provided. Received medication, equipment, and supplies, distributed, and inventoried. Supplied information and counseling to patients as directed by providers.

2018-2019 Patient Care Paramedic

Emergency Physicians Medical Center, Gainesville, FL

Entered information and tracked patients in EMR software. Performed new hire and workers compensation physical assessments. Provided comprehensive patient care, including patient support, assessment, medication administration, and triage. Assisted MDs and management with diverse clinical and administrative tasks.

2012-2017 Overseas Healthcare Volunteer

Community/church based medical outreach - International Care Ministries - Philippines
Provided basic medical care to indigent population. Assessed patients and obtained biological samples.
Provided First Aid, CPR, nutrition, personal hygiene, and pest control training. Distributed free medication, food, clothing, and other humanitarian assistance.

Education:

2017-2020	Bachelor of Science - Healthcare Administration - Liberty University, Lynchburg, VA
2006-2008	Associate of Science - EMS Technology - Edison State College, Fort Myers, FL

Proficiencies, Additional Training and Certification:

BLS Certification	EMT-P Certification	CCMA Certification
PHTLS Training	Red Cross FA/CPR/AED Instructor	Office 365
Grantsmanship	Print and Electronic Journalism	Public Speaking

Karen Blackburn

From: noreply=revize.com@turbo-smtp.info on behalf of noreply@revize.com

Sent: Friday, July 15, 2022 4:54 AM

To: Human Resources

Subject: (NEW) [Levy County, FL - #240574] Application for Employment

[Levy County, FL - #240574] Application for Employment

A new submission has been received. Please log in to see the full detail of your submission.

NOTE: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.