



**RAY VALDES
TAX COLLECTOR**

**GENERAL EMPLOYMENT INFORMATION
WITH THE
OFFICE OF THE
SEMINOLE COUNTY TAX COLLECTOR
November, 2011**

For More Information Contact:
Connie Overbay
Seminole County Tax Collector
PO Box 630
Sanford, FL 32772-0630

Email:
coverbay@seminoletax.org
or
Phone: 407-665-7601

Thank you for your interest in seeking a position with the Seminole County Tax Collector's Office. This information is presented to familiarize you with our office and hiring policy.

THE TAX COLLECTOR

Ray Valdes is the Seminole County Tax Collector. He is an elected Independent County Officer as identified in the Constitution of the State of Florida. He was first elected Seminole County Tax Collector in November, 1988.

Mr. Valdes prioritizes courteous customer service, and runs his office efficiently for both his employees and the Seminole County citizens. It is his practice to keep an open door for suggestions and innovations.

TAX COLLECTOR'S AREAS OF RESPONSIBILITY

The Seminole County Tax Collector is one of five Administrative County Constitutional Officers elected to serve within the county. The Tax Collector is a unique independent local government officer charged with many state agency responsibilities. His duties are outlined in the Florida Constitution and the Florida Statutes, allowing for contractual agreements with various taxing authorities and state agencies. Services provided are paid for through statutory commissions and transaction user fees.

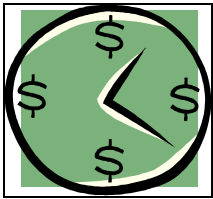
The annual budget for the operation of the Tax Collector's Office is submitted to the Florida Department of Revenue for oversight review. All allotments for salaries, operating and capital expenses must be contained within the approved budget.

Mr. Valdes, as Seminole County Tax Collector consistently operates the office within the amount of annual revenue collected. Any unused revenue is returned each year as a "refund" on services rendered to specific taxing authorities. Our employees are our most important asset. Having a good organization improves our service to the community.

THE STAFF

The Seminole County Tax Collector employs approximately 75 men and women distributed among five office locations within the county. The central office is located in the County Services Building in Sanford, with full service branches located in Altamonte Springs, Casselberry, Lake Mary, and Oviedo. The Lake Mary Branch is unique at this time as it alone offers select driver license services in addition to our other areas of responsibility.

We generally hire a new full time employee as a "CSR" (Customer Service Representative) specializing in registration and titling of vehicles and vessels. Florida Department of Motor Vehicle (DMV) transactions are our highest repeat volume business. However, the basic training program is complete and touches all phases of our service. Having a firm foundation in the vehicle title and registration area allows the employee to contribute quickly. Internal office transfers are allowed into other departments or Branches as openings occur.



HOURS AND SALARY

Our established working hours are 8:15 to 5:15 Monday through Friday, which is a 40-hour workweek. We are available to the public from 8:30 to 5:00.

The beginning salary for all representatives is \$23,880 per year (\$11.48 per hour). The benefit package begins upon successful completion of the probation period.

The hourly rate for part-time is \$10.50. There are no benefits associated with part-time positions.

When a person joins our staff as an employee, they have a designated probation period of 90-days. This time frame is a learning period for both the employee and the employer and may be extended if deemed appropriate. During this period, the trainee is learning the position through a paid 17-week structured training program. A trainer is assigned for one-on-one and on-the-job training. The initial training is conducted in Sanford, but two weeks each are spent in the Lake Mary, Altamonte Springs, and Casselberry Branch Offices. While the customer transactions are identical, it is important to experience different office environments.

During the first week of training, the trainee will be in our DMV Mail Processing Center. Vehicle and vessel registration renewals are taught and reinforced with minimal public contact. The trainee begins to deal with customers with the introduction of title transactions during the second week, and within the next few crucial weeks, the trainee learns extensively more about vehicle and vessel registrations and titles, and hunting/fishing license requirements.

Later in the cycle, trainees are exposed to the Business Tax Receipt, Real Estate, and Tangible Personal Property Taxes. These areas are unique in many ways and further add to the technical skills required.

The following are a few benefits which begin at the conclusion of the initial probationary period and in which most applicants for a position with the Seminole County Tax Collector are interested:

- ❖ **Retirement benefits** are provided at a mutual expense of the Tax Collector and employee. The employee's contribution percentage is fixed at 3%, and applied each pay period calculated on their paid semi-monthly salary.
- ❖ **Life and Health Insurance** is provided for all full-time employees. Coverage does not begin until after the probationary period ends. Employees may add coverage for their spouse and/or children at their own expense, but at the reduced group rate.
- ❖ The Tax Collector provides paid leave for 11 defined **Holidays** each calendar year.
- ❖ Paid **Vacation Time** is accrued and granted on an annual basis. It is generally prescheduled. It can be used for any absences (vacation, home emergencies, or anything). The accrual rate increases with tenure.
- ❖ Paid **Sick Leave** is accrued and granted on a monthly basis, after an initial number of months of service. It can be used for any sickness, doctor or dentist appointment, incurred by you or an immediate family member. The accrual rate increases with tenure.
- ❖ **College Tuition Reimbursement** to enhance individual skills is available under strict guidelines.

BENEFITS



Each employee of the Tax Collector's Office represents the Tax Collector to the citizens and business community of Seminole County. An educated, well-mannered, properly dressed employee, with a good attitude best projects the profile of this office. All employees must fit this framework.

We welcome your application to join our team. An Employment Application is required. You may choose to submit a résumé and/or a picture as well.



Seminole County Tax Collector
Attn: Connie Overbay
1101 E First Street * Sanford, FL 32771
(An EEO [M F V H] Employer)

APPLICATION FOR EMPLOYMENT

You may submit a photo if you choose.

GENERAL INSTRUCTIONS

- Applications MUST be type-written or PRINTED in INK.
- Answer all questions which apply to you.
- For questions that DO NOT APPLY to you, insert "N/A".
- If you need additional space, put the information on a separate sheet and return it with the completed application (be sure and reference the appropriate Item No.).
- Attach a detailed resume, if desired.
- Address or telephone number changes should be reported promptly.
- Applications will remain in the active file for six months from date of original application.
- Applications which are not complete and legible may not be considered.
- Application must be signed.

I. INDIVIDUAL DATA

B. Date of Application
____/____/____
(Mo.) (Day) (Yr.)

1. Name _____
(Last) (First) (Middle or Nickname)

2. Address _____
Actual Place (Number) (Street)
of Residence (City) (State) (Zip)

3. Mailing Address _____
(If different (Number) (Street)
from above) (City) (State) (Zip)

4. Home Phone (____) _____ 5. Business Phone (____) _____
(Area Code) (Number) (Area Code) (Number) Ext.

6. Customer Service Full Time
 Part Time – Indicate hours available for work _____

7. If a job requirement, could you work overtime? Yes No

II. EDUCATION AND TRAINING:

8. Circle Highest Grade Completed through High School: 1 2 3 4 5 6 7 8 9 10 11 12
Did you Graduate: Yes No GED: Yes No

9. Have you ever been a member of the Armed Services? Yes No
If yes: Branch _____ Discharge Date _____ Month/Year

10. Comments/Remarks (if any): _____

Are you seeking Veterans Preference for your application? Yes No

Colleges, Universities, Junior/Community Colleges attended or attending:		13. Dates Attended FROM: TO:	14.* Credit Hours Earned Qtr./Sem.	15. Type of Degree	16. Year Obtained	17. Major/Minor
11. Name	12. City/State					

*To receive credit for college coursework it is necessary that you supply Quarter/Semester hours earned in addition to dates attended.

Business, Technical or Vocational Schools attended or attending (Correspondence Courses)**		20. Dates Attended FROM: TO:	21. Actual Duration of Course (Hrs./Days) (Mos. or Yrs)	22. Credits Earned	23. Type of Cert. or Diploma	24. Courses Taken/Completed
18. Name	19. City/State					

**If correspondence course, please identify as such.

25. Do you possess a valid* drivers license? Yes No
If yes, answer the following. If no, explain in Item No. 42

State: _____

D.L. Number _____ Date of Birth: _____

*VALID: An issued license which has not expired nor has, within the past three years, been denied, restricted, revoked, or suspended.

26. Do you have a source of transportation to work? Yes No

II. EDUCATION & TRAINING (CONT'D)

27. Do you speak any foreign languages? Please list: _____

PLEASE CHECK THE APPROPRIATE BOX INDICATING THE LEVEL OF COMPETENCY OR EXPERIENCE YOU HAVE IN EACH AREA.

28. TYPING/KEYBOARD SKILLS Tested _____ wpm Date Last Tested ____/____/____
 Typing/Keyboard skills are required. It is acceptable to utilize any free typing test available on the Internet for current rating.

29. SPECIAL AREAS:

- | | | | |
|---------------------------------|--|--|--|
| Customer Service Face-to-Face | <input type="checkbox"/> No Experience | <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 3 years or more |
| Customer Service over Telephone | <input type="checkbox"/> No Experience | <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 3 years or more |
| Cash Handling | <input type="checkbox"/> No Experience | <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 3 years or more |
| Calculator Use | <input type="checkbox"/> No Experience | <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 3 years or more |
| Balancing Cash Drawer | <input type="checkbox"/> No Experience | <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 3 years or more |

30. COMPUTER SOFTWARE:

- | | | | |
|------------------|-------------------------------|------------------------------------|---------------------------------------|
| Computer Imaging | <input type="checkbox"/> None | <input type="checkbox"/> Beginning | <input type="checkbox"/> Accomplished |
| Microsoft Word | <input type="checkbox"/> None | <input type="checkbox"/> Beginning | <input type="checkbox"/> Accomplished |
| Microsoft Excel | <input type="checkbox"/> None | <input type="checkbox"/> Beginning | <input type="checkbox"/> Accomplished |
| Other _____ | | | |

31. List any other skills attained useful to the position for which you are applying _____

32. List any Technical or Professional licenses or certificates held _____

III. MISCELLANEOUS

Answer the following questions by placing an "X" under "YES" or "NO".

	YES	NO
33. Have you ever been ticketed for any moving traffic violations (including speeding tickets)?	*	
34. Have you ever been convicted of any criminal violation of law, or ever had adjudication in a felony case? **	*	
35. Have you ever been discharged for misconduct or unsatisfactory service from any job? If so, which company(s)?	*	
36. Have you had an on-the-job illness or injury in the past seven (7) years? If yes, indicate date(s), type(s) of injury, and if you received any worker's compensation for this injury?	*	
37. Do you have or have you had any physical or mental handicap, injury, illness, limitations, or other disability which would interfere with your work assignment? If yes, explain.	*	
38. Have you ever filed an application for employment with any Seminole County governmental office?	*	
39. Have you ever been employed by a Seminole County government office? If yes, indicate date(s) of employment, Department(s)/Division(s), position(s), and reason for leaving.	*	
40. Are any members of your family or relatives (by blood or marriage) employed by the Office of the Seminole County Tax Collector?	*	
41. DO YOU UNDERSTAND THAT BY MAKING APPLICATION FOR EMPLOYMENT THE APPLICATION BECOMES AVAILABLE FOR PUBLIC INSPECTION IF SUBSTANTIATED TO BE NECESSARY?		

* If you responded with a "YES" answer, please explain in the space provided under item 42, of this application.
 ** NOTE: A conviction does not automatically mean you cannot be appointed. Give all the facts so that a decision can be made.

42. Space for detailed answers, indicate item number to which answers apply.

ITEM NO.	

(If additional space is needed, attach additional sheets and reference item number.)

IV. WORK HISTORY

List your most recent employer first. We encourage you to be specific, include a resume or additional pages, if desired, which will help clarify your work experience. However, you MUST complete the employment history below. If resume is attached, be sure that month/day/year for each employment experience is reflected on the resume. Include voluntary unpaid work experience as well as military service, if any.

Note: If your name at your previous employer was different than your current name, please indicate in the appropriate section below.*

43. PRESENT EMPLOYER: _____
(Company/Agency Name)

EMPLOYER ADDRESS: _____
(Number) (Street)

(City) (State) (Zip)

JOB TITLE: _____

SUPERVISOR'S NAME _____ EMPLOYER'S PHONE No. (____) _____
(Area Code)

From: _____
(Mo.) (Day) (Year)

TO: _____
(Mo.) (Day) (Year)

Full Time Part Time

Number of hours per week: _____

Starting Salary: \$ _____

Last Salary: \$ _____

MAY WE CONTACT EMPLOYER? Yes No *(EMPLOYED NAME _____)

DUTIES IN DETAIL: _____

REASON FOR LEAVING: _____

44. PREVIOUS EMPLOYER: _____
(Company/Agency Name)

EMPLOYER ADDRESS: _____
(Number) (Street)

(City) (State) (Zip)

JOB TITLE: _____

SUPERVISOR'S NAME _____ EMPLOYER'S PHONE No. (____) _____
(Area Code)

From: _____
(Mo.) (Day) (Year)

TO: _____
(Mo.) (Day) (Year)

Full Time Part Time

Number of hours per week: _____

Starting Salary: \$ _____

Last Salary: \$ _____

MAY WE CONTACT EMPLOYER? Yes No *(EMPLOYED NAME _____)

DUTIES IN DETAIL: _____

REASON FOR LEAVING: _____

45. PREVIOUS EMPLOYER: _____
(Company/Agency Name)

EMPLOYER ADDRESS: _____
(Number) (Street)

(City) (State) (Zip)

JOB TITLE: _____

SUPERVISOR'S NAME _____ EMPLOYER'S PHONE No. (____) _____
(Area Code)

From: _____
(Mo.) (Day) (Year)

TO: _____
(Mo.) (Day) (Year)

Full Time Part Time

Number of hours per week: _____

Starting Salary: \$ _____

Last Salary: \$ _____

MAY WE CONTACT EMPLOYER? Yes No *(EMPLOYED NAME _____)

DUTIES IN DETAIL: _____

REASON FOR LEAVING: _____

47. HOW DID YOU LEARN ABOUT THE VACANCY FOR WHICH YOU ARE APPLYING? (Check appropriate space.)

VACANCY SIGN / WALK-IN

WEB PAGE (www.seminoletax.org)

REGISTRATION RENEWAL INSERT

WEB PAGE (other: _____)

EMPLOYEE _____

COUNTY GOVERNMENT TV AD

APPLICANT CERTIFICATION AND AGREEMENT **PLEASE READ CAREFULLY**

I understand that any false answers or statements made by me on my employment application or any supplement thereto, or any false statements made to any representative of the Seminole County Tax Collector's Office during the interview process, will be sufficient grounds for immediate discharge, no matter when discovered.

I understand and agree that when hired by the Tax Collector, my appointment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice or cause. I understand that no supervisor or other representative of the Seminole County Tax Collector's Office, except the Tax Collector, has the authority to enter into any agreement for appointment for any specified period of time. If I enter into any such agreement with the Tax Collector, such agreement must be in writing.

I understand that the Seminole County Tax Collector may make a thorough investigation of my character, reputation, past employment and medical history. I authorize the giving and receiving of any such information requested by the Tax Collector (including financial and credit records) and hereby relieve and release all former employers and their agents of any liability for any information they may give to the Tax Collector. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the Seminole County Tax Collector or his agents or deputies arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with my employment application with the Seminole County Tax Collector's Office.

I understand that once employed by the Seminole County Tax Collector's Office, some potential future employer may contact Tax Collector representatives concerning my work record and my work performance at the Tax Collector's Office. I hereby consent to and authorize persons employed by the Tax Collector's Office to divulge any and all information they consider relevant to any person representing themselves to be an employer or potential employer of mine with respect to my work record and/or performance of my job at the Tax Collector's Office. I understand that all information I provided is public record and is subject to review upon request.

I agree that as an employee of the Seminole County Tax Collector's Office, if in a non-exempt position, I will be eligible to receive compensatory time in lieu of the payment of overtime at the discretion of the Tax Collector.

I authorize a criminal background search, and I agree to a physical examination if requested, including a urinalysis and/or blood test for use of illegal drugs or substances. I understand that failure to meet any job related medical and/or health requirement for the position could prevent my appointment or continued appointment by the Tax Collector.

I hereby acknowledge that the first ninety (90) days of appointment with the Tax Collector's Office constitutes an initial probationary period.

Signature _____ Date _____