

TOWN OF INTERLACHEN

**APPLICATION FOR
EMPLOYMENT**

311 ATLANTIC AVENUE

**INTERLACHEN, FLORIDA
32148**

(386) 684-3811

**TOWN OF INTERLACHEN
APPLICATION FOR EMPLOYMENT**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, FAMILIAL STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.

NOTE: *INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED*

(PLEASE PRINT)

POSITION(S) APPLIED FOR _____

REFERRED BY _____

HOW DID YOU LEARN ABOUT US? ADVERTISEMENT _____ RELATIVE _____ WALK IN _____

EMPLOYMENT AGENCY _____ FRIEND _____ OTHER _____

PERSONAL INFORMATION

NAME _____

(Last)

(First)

(Middle)

911 ADDRESS _____

(Street)

(City)

(State)

(Zip Code)

MAILING ADDRESS _____ (if different)

(PO Box/Street)

(City)

(State)

(Zip Code)

PHONE: (Home) _____ (Cell) _____

Best time and phone number to contact you _____

OWN HOME _____ RENT _____ RESIDED AT CURRENT ADDRESS FOR _____ YEARS _____ MONTHS

IF RELATED TO ANYONE IN OUR EMPLOYMENT, STATE NAME & DEPARTMENT _____

Have you ever filed an application with us before? Yes _____ No _____. If yes, give date: _____

Have you ever been employed with us before? Yes _____ No _____. If yes, give dates: _____

Are you legally authorized to work in the United States? Yes _____ No _____.

Are you currently employed? Yes _____ No _____.

May we contact your present employer? Yes _____ No _____.

Date you will be available to start work? _____

What is your desired salary range _____

Are you available to work: Full time _____ Part time _____ Shift work _____ Temporary _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____. Our normal working days/hours are Monday through Friday 8:00 am- 5:00 pm with a one (1) hour lunch break, can you work these times? Yes _____ No _____.

If necessary, can you work overtime? Yes _____ No _____.

Can you travel if the position requires it? Yes _____ No _____. If no, reason: _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____ (Conviction will not necessarily disqualify an applicant from employment) If yes, please explain _____

Have you had any traffic violations in the past five (5) years? Yes _____ No _____. If yes, please explain _____

Current Valid Driver's License Number _____ State in which this

Drivers License was issued _____ Previous state in which you held a valid

Drivers License _____

Has your Drivers License ever been suspended or revoked? Yes _____ No _____. If yes, please explain _____

EDUCATION

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other(Specify)				

Indicate any **foreign** languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper.

1) EMPLOYER _____
 ADDRESS _____
 TELEPHONE NUMBER(S) _____ SUPERVISOR _____
 JOB TITLE _____ WORK PERFORMED _____

 REASON(S) FOR LEAVING _____
 DATES EMPLOYED: FROM _____ TO _____
 HOURLY RATE/SALARY: STARTING _____ FINAL _____

2) EMPLOYER _____
 ADDRESS _____
 TELEPHONE NUMBER(S) _____ SUPERVISOR _____
 JOB TITLE _____ WORK PERFORMED _____

 REASON(S) FOR LEAVING _____
 DATES EMPLOYED: FROM _____ TO _____
 HOURLY RATE/SALARY: STARTING _____ FINAL _____

3) EMPLOYER _____
 ADDRESS _____
 TELEPHONE NUMBER(S) _____ SUPERVISOR _____
 JOB TITLE _____ WORK PERFORMED _____

 REASON(S) FOR LEAVING _____
 DATES EMPLOYED: FROM _____ TO _____
 HOURLY RATE/SALARY: STARTING _____ FINAL _____

ADDITIONAL INFORMATION

COMMENTS: Include explanation of any gaps in employment. _____

OTHER QUALIFICATIONS: Summarize special job-related skills and qualifications acquired from employment, specialized training, apprenticeship or other experience. _____

List professional, trade, business, civic or extra-curricular activity offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

SPECIALIZED SKILLS

PLEASE CHECK SKILLS/EQUIPMENT THAT YOU HAVE OPERATED

Adding Machine _____ Calculator _____ Copier _____ Fax _____ Multi-line Phone _____ Scanner _____

Computer Software: Excel _____ Internet Explorer _____ Microsoft Office Word _____ Peachtree _____

Utility Billing Program _____ Web Site Design _____ WordPerfect _____

(PUBLIC WORKS APPLICANTS ONLY)

Check the types of equipment/vehicles you are qualified to operate: Backhoe ___ Car ___ Chainsaw ___ Grasshopper ___

Road Grader ___ Tractor ___ Truck (light) _____ Truck (heavy) ___ Weed Eater ___ Other _____

State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS: DO NOT answer this question unless you have read about or been informed of the requirements of the position for which you are applying. A description of the duties involved in this position is attached.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the position for which you have applied?

Yes No

MILITARY HISTORY

1) Have you ever served on active duty in the Armed Forces/Reserves of the United States? Yes ____ No ____

IF YOU ANSWERED “NO” TO THE QUESTION ABOVE PROCEED TO PAGE FIVE (5)

Branch of Service _____ Highest Rank _____ Serial Number _____

Duty Dates: From _____ to _____

From _____ to _____

From _____ to _____

2) Date(s) and type(s) of discharge(s): _____

3) Are you now or have you ever been a member of a reserve unit or National Guard? Yes ____ No ____ . If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings or camps

4) Was any type of disciplinary action taken against you in the armed service? Yes ____ No ____ If yes, please provide:

Date(s) _____ Place(s) _____

Nature of offense(s) _____

Action(s) taken _____

5) Have you ever served in the Armed Forces of a foreign country? Yes ____ No ____ . If yes, please specify countries and dates : _____

6) Are you designated as disabled due to any military service? Yes ____ No ____

7) Describe any job-related training received in the United States military that qualifies you for the position applied for:

8) **VETERANS’ PREFERENCE:** Check the appropriate number if you are claiming “veteran’s preference”. **Documentation substantiating your claim MUST be furnished at the time of application submission.**

_____ 1) A veteran with service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the United States Veteran’s Administration and the Department of Defense, or

_____ 2) The spouse of a veteran who cannot qualify for employment due to a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or

_____ 3) A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995, and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or

_____ 4) The un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans’ preference since October 1, 1987? Yes ____ No ____ . If yes, please give name of employer _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above and second to those persons included in 3 and 4 above. If an applicant claiming veteran’s preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans’ Affairs, P.O. Box 1437, St. Petersburg, Florida, 33731.

PERSONAL REFERENCES (OTHER THAN RELATIVES)

1) _____
(Name) _____ (Phone Number) _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

2) _____
(Name) _____ (Phone Number) _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

3) _____
(Name) _____ (Phone Number) _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

PROFESSIONAL REFERENCES (OTHER THAN RELATIVES)

1) _____
(Name) _____ (Phone Number) _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

2) _____
(Name) _____ (Phone Number) _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

3) _____
(Name) _____ (Phone Number) _____

(Address) _____ (City) _____ (State) _____ (Zip Code) _____

All references may be checked. YES NO

All but the following: _____

PERSON TO BE CONTACTED IN AN EMERGENCY

NAME _____

PHONE NUMBER(S) _____

ADDRESS _____

RELATIONSHIP _____

APPLICANT OATH

The questions on this application have been answered to the best of my ability. I realize that if employed by the Town of Interlachen any false information herein may be grounds for my dismissal. I authorize inquiries to my character, reputation and ability and release those supplying any information from all liability. If accepted for employment, I will comply with all rules and safety regulations of the Town of Interlachen and the department where assigned. I understand that regular employment may require the taking of finger prints or providing such other identification or certification as required by law.

Please sign your name here: _____

Witness: _____ Date: _____

***FLORIDA & FEDERAL DISCRIMINATION LAWS PROHIBIT DISCRIMINATION BECAUSE OF AGE, SEX, HANDICAP OR RACE.**

This application for employment shall be considered active for a period of time not to exceed twelve (12) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

PLEASE ATTACH A COPY OF THE FOLLOWING ITEMS

- 1) VALID DRIVERS LICENSE**
- 2) RECENT PHOTOGRAPH**

NOTE: Applications without a valid driver's license and a photograph WILL NOT be considered.

PERSONAL INQUIRY WAIVER
(Must be notarized)

Authority for Release of Information

TO: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME _____
DATE OF BIRTH _____
SOCIAL SECURITY NUMBER _____ - _____ - _____

I respectfully request and authorize you to furnish the **Town of Interlachen** any and all information that you may have concerning my work record, school record, military record, reputation and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature and photo status of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the **Town of Interlachen**.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

(Applicant's Signature) _____ (Date)

(Address)

(City) (State) (Zip Code)

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on _____ (date) by _____ (affiant name). He/she is personally known to me or has presented _____ (type of identification) as identification.

Signature _____ (notary signature) (SEAL)

Name _____

Title _____ **NOTARY PUBLIC**

Commission Number _____ Expires _____