

Town of Howey-in-the-Hills Human Resources 101 N. Palm Avenue Post Office Box 128 Howey-in-Hills, FL 34737 P: 352-324-2290

FAX: 352-324-2126 WWW.HOWEY.ORG

HOWEY-IN-THE-HILLS EMPLOYMENT APPLICATION

NAME PHONE	(LAST)	(FIRST) EMAIL			(MIDI	DLE)
Addre	500					
, lobiti	(STREET)	(Сіту)	(STATE)		(ZIP)
						YES N
1.	ARE YOU ELIGIBLE TO WORK IN THE UNITED STATE	es?			1.	
2.	DO YOU HAVE PROOF OF AGE IF UNDER 18 YEARS	OF AGE?			2.	
3.	HAVE YOU PREVIOUSLY FILED AN APPLICATION WIT TOWN?	TH THE			3.	
	IF YES, PLEASE SUPPLY DATES.					
4.	HAVE YOU EVER BEEN EMPLOYED BY THE TOWN?				4.	
	IF YES, PLEASE SUPPLY DATES.					
5.	DO YOU HAVE RELATIVES EMPLOYED BY THE TOWN	N? 			5.	
	IF YES, PLEASE GIVE NAME & RELATIONSHIP.					
6.	ARE YOU CURRENTLY EMPLOYED?				6.	
7.	MAY WE CONTACT YOUR CURRENT EMPLOYER?				7.	
8.	ARE YOU ON "LAY-OFF" STATUS SUBJECT TO RECA	LL?			8.	
9.	HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAM NAMES.	E? IF YES, PROVID	E		9.	
10.	HAVE YOU HAD ANY MOVING TRAFFIC VIOLATIONS I	IN THE PAST FIVE YE	:ARS?			
10.	IF YES, PLEASE SUPPLY DATES, LOCATION AND DESCRIPT				10.	
11.	HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINA	AL VIOLATION OF LA	N?		11.	
	FOR PURPOSE OF THIS QUESTION A PLEA OF GUILTY, NO C			TION WAS WITHHELD, IS A		
12.	CONVICTION. (A CONVICTION DOES NOT AUTOMATICALLY N HAVE YOU EVER BEEN DISCHARGED OR ASKED TO		· _		10	
	IF YES, EXPLAIN FULLY EACH OCCASION OF DISCHARGE ORESIGNATION.	DR (ADDITIO	DNAL PAGES MAY BE USE	D)	12.	
	RESIGNATION.					
13.	Do you have a valid Florida driver's license	?			13.	
14.	How did you learn about us? Friend/Relativ	E/NEWSPAPER/PRO	FESSIONAL TRAI	DE MAGAZINE		
	ADVERTISEMENT/WALK-IN/OTHER (PLEASE LIST)?					
Positi	ION DESIRED					
. 0011	FULL TIME PART-TIME		TEMPORARY		SUMMER	t
lf a JC	B REQUIREMENT, WHICH WILL YOU BE ABLE TO WOR SATURDAY SUNDAY HOLIDAY	RK: N IGHTS	OVERTIME	Various Shifts		
Posit	ION(S) REQUESTED					

DATE AVAIL	ABLE TO W	ORK		<u></u>							
		F PERFORMING IN HE ACTIVITIES IN				ES INVO		JOB FOR WHICES NO	CH YOU	J ARE APPL	.YING?
PROFESSIONAL LICENSES/CERTIFICATION DRIVER LICENSE No. STATE ISSUED						CLASS (CHECK ONE) EXPIRATION DATE		А	В	C E	į
SPECIFIC SI	KILLS	MENT YOU CAN	_			DAIL					
Program		BEGINNER	INTERM	EDIATE	ADVANCE	D					
WORD		DEGININER	GINNER INTERMEDIA		-		Typino Cr) 			
EXCEL							TYPING SP	PEED (WPM) _			
OUTLOOK											
ACCESS											
PowerPo	INT										
OTHER							Speciev	PROGRAM			
							OI LOII I	T ROOKAW			
INDICATE AN	IY FOREIGN	I LANGUAGE ABIL	ITIES:								
_		FLUENT		Goop					FAI	7	
SPEAK											
READ											
WRITE EDUCATION	9 To a la lia										
EDUCATION	& IRAININ	G									
Do you hav	/E A HIGH S	CHOOL DIPLOMA	, GED or E	QUIVALENT	Γ?	YES		No			
		Colleges,	UNIVERSITIE	S, MILITARY	Y, TRADE, BUSIN	ESS OF			ED		_
NAME OF	SCHOOL	LOCATION OF C		Courses of study (Major)			EMESTER HOURS	COMPLETED QUARTE HOURS	₹	or Cer	DEGREE TIFICATE RNED
DESCRIBE A	NY SPECIA	LIZED TRAINING,	APPRENTICI	ESHIP, SKIL	LS AND EXTRA-0	CURRIC	ULAR ACTIVIT	ΓIES.			
STATE ANY	ADDITIONA	L INFORMATION \	OU FEEL MA	Y BE HELPI	FUL TO US IN CC	NSIDEF	RING YOUR AI	PPLICATION.			

WORK HISTORY

Please provide the following information for your last 5 employers going back at least 10 years. (You may also list any volunteer experience you have had that relates to the job for which you are applying.) You may use additional paper if you need more space to answer questions. You must answer all questions for your application to be considered.

PRESENT EMPLOYER:	FROM:
Address and Phone No:	
Your Job	
TITLE:	
Duties in Detail.	Number of hours/wk
DUTIES IN DETAIL:	HOURLY RATE OR ANNUAL
	SALARY
REASON FOR LEAVING:	
	Dates
PREVIOUS EMPLOYER:	FROM:
Address and Phone No:	To:
YOUR JOB	F/T P/T
TITLE:	
DUTIES IN DETAIL:	
	HOURLY RATE OR ANNUAL
	SALARY
REASON FOR LEAVING:	\$
	Dates
Previous Employer:	FROM:
	To
Address and Phone No: Your Job	
TITLE:	F/T P/T
	Number of hours/wk
DUTIES IN DETAIL:	Housey Dees on Assuus
REASON FOR LEAVING:	•
PREVIOUS EMPLOYER:	DATES
Previous Employer:	FROM: To:
Address and Phone No: Your Job	
TITLE:	F/T P/T
···	Number of hours/wk
DUTIES IN DETAIL:	
	HOURLY RATE OR ANNUAL SALARY
Reason For Leaving:	SALARY \$

D		DATES
	DUS EMPLOYER:	FROM:
ADDRE	SS AND PHONE NO:	To:
Your J	JOB	F/T P/T
	DETAIL:	Number of Hours/wk
DUTIES	SIN DETAIL:	HOURLY RATE OR ANNUAL
REASO	N FOR LEAVING:	Salary \$
MILITAR' Rank	Y SERVICE	
ACTIVE	RESERVE	
. /	Wis Department On the Court of	
VETERA	N'S PREFERENCE GIVEN NON INITIAL HIRE-QUALIFY? YES NO	
	THE APPROPRIATE BLOCK IF YOU ARE CLAIMING VETERAN'S PREFERENCE. DOCUMENTATION SUI ISHED AT THE TIME OF APPLICATION, I.E., DD214, CERTIFICATE OF SERVICE RELATED DISABILIT	
	1. A VETERAN WITH A COMPENSABLE SERVICE-CONNECTED DISABILITY OR RECEIVING COMPENBENEFITS OR PENSION UNDER PUBLIC LAWS ADMINISTERED BY THE U.S. VETERANS ADMINISTR. DEFENSE,	
	OR	
	2. THE SPOUSE OF A VETERAN WHO CANNOT QUALIFY FOR EMPLOYMENT BECAUSE OF TO CONNECTED DISABILITY, OR THE SPOUSE OF A PERSON MISSING IN ACTION, CAPTURED OR FO POWER,	
	OR	
	3. A VETERAN OF ANY WAR WHO HAS SERVED ON ACTIVE DUTY FOR 181 CONSECUTIVE DAYS 180 CONSECUTIVE DAYS OR MORE SINCE JANUARY 1955 AND WHO WAS DISCHARGED OR SE HONORABLE DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES OF AMERICA, IF PERFORMED DURING A WARTIME ERA. ACTIVE DUTY FOR TRAINING IS NOT ALLOWABLE,	PARATED THERE FROM WITH AN
	OR	
	4. A VETERAN OF THE PERSIAN GULF WAR BEGINNING AUGUST 2,1990, WHO SERVED AT LEAPERIOD,	ST ONE DAY DURING A WARTIME
	OR	
	5, THE UNREMARRIED WIDOW OR WIDOWER OF A VETERAN WHO DIES OF A SERVICE CONNECTE	ED DISABILITY.
	BRANCH OF SERVICE DATE OF ENTRY DATE OF DIS	CHARGE
Have you	J CLAIMED AND BEEN EMPLOYED THROUGH VETERAN'S PREFERENCE SINCE OCTOBER 1, 1977? YES	No
F YES, G	IVE NAME OF EMPLOYER:	

NOTE: Under Florida Law, preference in appointment and employment shall be given, by the state and its political subdivision, first to those persons in 1 and 2 above, and second to those persons included under 3, 4 and 5 above. If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the florida department of veteran's affairs, Mary Grizzle Bldg, Room 311-K, 11351 Ulmerton Road, largo, fl. 33778. The complaint must be filed within 21 calendar days of

THE APPLICANT RECEIVING NOTICE OF THE HIRING DECISION MADE BY THE EMPLOYING AGENCY OR WITHIN THREE MONTHS OF THE DATE THE APPLICATION IS FILED WITH THE EMPLOYER IF NO NOTICE IS GIVEN.

CERTIFICATION

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT, OMISSION OR FALSIFICATION OF FACTS SHALL CAUSE FORFEITURE OF ALL RIGHTS TO EMPLOYMENT WITH THE TOWN OF HOWEY-IN-THE-HILLS. THE TOWN OF HOWEY-IN-THE-HILLS IS AUTHORIZED TO VERIFY ANY OR ALL INFORMATION CONTAINED HEREIN. I UNDERSTAND THAT EMPLOYMENT WITH THE TOWN MAY BE CONDUCTED BY A DOCTOR SELECTED AND PAID FOR BY THE TOWN. I UNDERSTAND THAT THE USE OF NARCOTICS AND ALCOHOL IS STRICTLY PROHIBITED AT THE TOWN. I UNDERSTAND THAT IF THE TOWN HAS A REASONABLE SUSPICION TO BELIEVE THAT I AM UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE, NARCOTICS AND/OR NON-PRESCRIBED DRUGS, OR IF I AM INVOLVED IN A SERIOUS ACCIDENT, THAT I MAY BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND/OR DRUG SCREEN TEST (BLOOD OR URINALYSIS) TO BE PERFORMED BY A DULY LICENSED MEDICAL DOCTOR OR FACILITY. I ALSO UNDERSTAND THAT REFUSAL TO TAKE SUCH A TEST WILL RESULT IN IMMEDIATE SUSPENSION OR DISCHARGE OF MY EMPLOYMENT. I UNDERSTAND THAT THIS APPLICATION MAY BE SUBJECT TO PUBLIC INSPECTION IN ACCORDANCE WITH THE FLORIDA PUBLIC RECORDS LAW, CHAPTER 119, FLORIDA STATUTE. I CERTIFY I HAVE READ THE ABOVE STATEMENT.

THE TOWN OF HOWEY-IN-THE-HILLS IS AN EQUAL OPPORTUNITY EMPLOYER IN COMPLIANCE WITH LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF RACE, COLOR, SEX, AGE, MARITAL STATUS, RELIGION, NATIONAL ORIGIN OR DISABILITY.				
Signature				
In case of Emergency Notify (Name, Relationship, Address, Phone No.)	<u>.</u>			