

DATE AVAILABLE TO WORK _____

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER THE ACTIVITIES INVOLVED IN THE JOB FOR WHICH YOU ARE APPLYING?
(A DESCRIPTION OF THE ACTIVITIES INVOLVED IN SUCH A JOB IS AVAILABLE.) YES NO

PROFESSIONAL LICENSES/CERTIFICATION

DRIVER LICENSE

No. _____ CLASS (CHECK ONE) A B C E
STATE ISSUED _____ EXPIRATION DATE _____

SPECIFIC SKILLS

LIST VEHICLES/EQUIPMENT YOU CAN OPERATE: _____

| PROGRAM | BEGINNER | INTERMEDIATE | ADVANCED |
|------------|----------|--------------|----------|
| WORD | | | |
| EXCEL | | | |
| OUTLOOK | | | |
| ACCESS | | | |
| POWERPOINT | | | |
| OTHER | | | |

TYPING SPEED (WPM) _____

SPECIFY PROGRAM _____

INDICATE ANY FOREIGN LANGUAGE ABILITIES:

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

EDUCATION & TRAINING

DO YOU HAVE A HIGH SCHOOL DIPLOMA, GED OR EQUIVALENT? YES NO

COLLEGES, UNIVERSITIES, MILITARY, TRADE, BUSINESS OR OTHER SCHOOLS ATTENDED

| NAME OF SCHOOL | LOCATION OF SCHOOL | COURSES OF STUDY (MAJOR) | CREDITS COMPLETED | | SPECIFY DEGREE OR CERTIFICATE EARNED |
|----------------|--------------------|--------------------------|-------------------|---------------|--------------------------------------|
| | | | SEMESTER HOURS | QUARTER HOURS | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

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: _____
ADDRESS AND PHONE NO: _____
YOUR JOB TITLE: _____
DUTIES IN DETAIL: _____
REASON FOR LEAVING: _____

DATES FROM: _____ TO: _____
F/T P/T
NUMBER OF HOURS/WK _____
HOURLY RATE OR ANNUAL SALARY \$ _____

PRESENT EMPLOYER: _____
ADDRESS AND PHONE NO: _____
YOUR JOB TITLE: _____
DUTIES IN DETAIL: _____
REASON FOR LEAVING: _____

DATES FROM: _____ TO: _____
F/T P/T
NUMBER OF HOURS/WK _____
HOURLY RATE OR ANNUAL SALARY \$ _____

PREVIOUS EMPLOYER: _____
ADDRESS AND PHONE NO: _____
YOUR JOB TITLE: _____
DUTIES IN DETAIL: _____
REASON FOR LEAVING: _____

DATES FROM: _____ TO: _____
F/T P/T
NUMBER OF HOURS/WK _____
HOURLY RATE OR ANNUAL SALARY \$ _____

PREVIOUS EMPLOYER: _____
ADDRESS AND PHONE NO: _____
YOUR JOB TITLE: _____
DUTIES IN DETAIL: _____
REASON FOR LEAVING: _____

DATES FROM: _____ TO: _____
F/T P/T
NUMBER OF HOURS/WK _____
HOURLY RATE OR ANNUAL SALARY \$ _____

PREVIOUS EMPLOYER: _____

ADDRESS AND PHONE NO: _____

YOUR JOB _____

TITLE: _____

DUTIES IN DETAIL: _____

REASON FOR LEAVING: _____

DATES
FROM: _____

TO: _____

F/T P/T

NUMBER OF HOURS/WK

HOURLY RATE OR ANNUAL
SALARY

\$ _____

MILITARY SERVICE

RANK

ACTIVE _____ **RESERVE** _____

VETERAN'S PREFERENCE GIVEN NON INITIAL HIRE-QUALIFY? YES NO

CHECK THE APPROPRIATE BLOCK IF YOU ARE CLAIMING VETERAN'S PREFERENCE. DOCUMENTATION SUBSTANTIATING YOUR CLAIM MUST BE FURNISHED AT THE TIME OF APPLICATION, I.E., DD214, CERTIFICATE OF SERVICE RELATED DISABILITY, EVIDENCE OF MARRIAGE, ETC.

1. A VETERAN WITH A COMPENSABLE SERVICE-CONNECTED DISABILITY OR RECEIVING COMPENSATION, DISABILITY RETIREMENT BENEFITS OR PENSION UNDER PUBLIC LAWS ADMINISTERED BY THE U.S. VETERANS ADMINISTRATION AND THE DEPARTMENT OF DEFENSE,

OR

2. THE SPOUSE OF A VETERAN WHO CANNOT QUALIFY FOR EMPLOYMENT BECAUSE OF TOTAL AND PERMANENT SERVICE CONNECTED DISABILITY, OR THE SPOUSE OF A PERSON 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 1955 AND WHO WAS DISCHARGED OR SEPARATED THERE FROM WITH AN HONORABLE DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES OF AMERICA, IF ANY PART OF SUCH DUTY WAS PERFORMED DURING A WARTIME ERA. ACTIVE DUTY FOR TRAINING IS NOT ALLOWABLE,

OR

4. A VETERAN OF THE PERSIAN GULF WAR BEGINNING AUGUST 2,1990, WHO SERVED AT LEAST ONE DAY DURING A WARTIME PERIOD,

OR

5, THE UNREMARRIED WIDOW OR WIDOWER OF A VETERAN WHO DIES OF A SERVICE CONNECTED DISABILITY.

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

HAVE YOU CLAIMED AND BEEN EMPLOYED THROUGH VETERAN'S PREFERENCE SINCE OCTOBER 1, 1977? YES NO

IF YES, GIVE 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 CONDITIONED UPON A FAVORABLE PRE-EMPLOYMENT MEDICAL EXAMINATION AND SUCH FUTURE EXAMINATIONS AS REQUIRED WHICH ARE 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 _____

DATE _____

IN CASE OF EMERGENCY NOTIFY (NAME, RELATIONSHIP, ADDRESS, PHONE No.) _____
