

Application for Employment

Town of Indialantic
216 Fifth Avenue
Indialantic, FL 32903
(321) 723-2242

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT CLEARLY

Position applied for	Date of Application	

How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	

Address	City	State	Zip Code

_ Telephone Number (s)		Email Address	

Do you have a valid Florida driver's license? YES NO

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

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 date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

On what date would you be available to work? _____

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

Can you travel if a job requires it? YES NO

Have you been convicted of a felony within the last 7 years? YES NO

Conviction will not necessarily disqualify an applicant for employment

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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.

Employer		Dates employed		Work Performed
Address		From	To	
Telephone #		Hourly rate/salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

Employer		Dates employed		Work Performed
Address		From	To	
Telephone #		Hourly rate/salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

Employer		Dates employed		Work Performed
Address		From	To	
Telephone #		Hourly rate/salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

Employer		Dates employed		Work Performed
Address		From	To	
Telephone #		Hourly rate/salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. You may exclude memberships, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p> <hr/> <hr/> <hr/> <hr/>

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

THIS ORGANIZATION PARTICIPATES IN E-VERIFY

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____
Hourly Rate/

Job Title _____ Salary _____ Department _____

By _____

Name and Title

Date

Notes _____

NOTE: This form must be completed and notarized for application to be submitted for review.

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I voluntarily agree to submit to a urinalysis (drug screen) and/or blood test as part of my application for employment, to occur after an offer (if any) of employment is made and before I begin work. I understand that either refusal to submit to such screen or test or a positive, confirmed result may disqualify me from further consideration for employment.

I further understand and agree that upon commencement of employment with the Town, I may again be required to submit to a urinalysis screen and/or blood test in accordance with the requirements of the Town's Drug Free Workplace Program and applicable law. I understand that refusal or failure to submit to such screen or test or a positive, confirmed result may result in my immediate suspension or discharge.

Applicant's signature

Date

Driver's license number _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by

_____ who is personally known to me or has produced

_____ as identification.

Notary Public

Notary Stamp:

NOTE: This form is required to be signed and notarized. It shall become a permanent part of the Town of Indialantic Employment Application.

NOTE: This form must be completed and notarized for application to be submitted for review.

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, DO HEREBY AUTHORIZE, the Town of Indialantic and its authorized representatives bearing this release, or a copy thereof, within one year of the date hereon, to obtain any information in your files pertaining to my employment, military, education, achievement, attendance, athletic, personal history, disciplinary, medical and credit records. I hereby direct you to release such information upon request of the bearer or sender of this instrument. This release is executed with the full knowledge and understanding that the information is for official use of the Town of Indialantic, to evaluate my fitness for employment by the Town. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding that such is not required by law or regulation. I have been advised that the Town of Indialantic will utilize this number only to facilitate the location of employment, medical, military, credit, residence and educational records concerning me in connection with my application for employment. Should there be a question to the validity of this release, you may contact me as indicated below.

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: ___/___/___

CURRENT ADDRESS: _____

PHONE NUMBER: _____ SIGNATURE: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____
By _____, personally known to me /produced identification.

Type of identification: _____

Notary: _____
(Print Name)

Notary Signature: _____

NOTARY PUBLIC, STATE OF FLORIDA
My Commission Expires: _____
Commission #: _____

