TOWN OF WHITE SPRINGS

EMPLOYMENT APPLICATION

Note: Type or print in ink this application in its entirely. A separate application must be submitted for each vacancy. Photocopies are acceptable.• Submit your application to the Town Manager's office no later than the close of business on the announced deadline date.• Sign your name in the Certification Section (page 2). All information you submit is subject to verification.• Notify the Town in advance if you require special disability accommodations to participate in the employment process

POSITION APPLIED FOR	
Department:	Title:
Date available:	
Please include a copy of your drivers license as well as copies of all certifications and licenses required to perform job, such as ,CDL, E.M.T, etc.	

HOW DO WE CONTACT YOU?			
Your name:			
Social Security Number:			
Your residential and mailing address:			
City:	County:	State:	Zip Code:
Home Phone:	Business Phone:	Cell Phone::	

EDUCATION	HIGH SCHOOL
Name / Location of School:	Received: ☐Diploma ☐Other:_____ ☐GED ☐None
Your name, if different while attending school:	

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL (Transcripts may be required)					
Name of school	Location	Dates Attended Month - Year)	Credit Hours	Major / Minor Course of Study	Type of Degree Earned

JOB RELATED TRAINING OR COURSE WORK (vocational, trade, governmental, business, armed forces, etc.)					
Name of school	Location	Dates Attended Month - Year)	Credit Hours	Course of Study	Training Completed? Yes / No

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, etc.				
License, Registration, or Certification	Number	Date Received	Expiration Date	State Licensing Agency

KNOWLEDGE / SKILLS / ABILITIES (KSAs) List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07, F.S.?

☐YES ☐NO

**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see §119.07, F.S.].

BACKGROUND INFORMATION

A criminal history information screening may be conducted on the selected applicant. If your answers to the questions below do not accurately and completely reflect your criminal history, you may be eliminated from further consideration for the vacancy.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? ☐YES ☐NO

If "YES", what charges?_____

Where convicted?_____ Date of conviction:_____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? ☐YES ☐NO

If "YES", what charges? _____

Where?_____ Date:_____

CITIZENSHIP

The Town of White Springs hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

☐YES ☐NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING FOR THE TOWN OF WHITE SPRINGS?

☐YES ☐NO

IF SO, WHAT IS THEIR NAME AND POSITION WITH THE TOWN:_____

_____.

SELECTIVE SERVICE SYSTEM REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION? ☐YES ☐NO ☐N/A

PERIODS OF EMPLOYMENT Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gaps in employment. If needed, attach additional sheets using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

Name of Present or Last Employer:

Address: Phone: ( )

Your Job Title: Supervisor's Name:

From: To: Hours per Week: Salary:

Duties and Responsibilities:

Reason for Leaving:

Name of Next Previous Employer:

Address: Phone: ( )

Your Job Title: Supervisor's Name:

From: To: Hours per Week: Salary:

Duties and Responsibilities:

Reason for Leaving:

Name of Next Previous Employer:

Address: Phone: ( )

Your Job Title: Supervisor's Name:

From: To: Hours per Week: Salary:

Duties and Responsibilities:

Reason for Leaving:

CERTIFICATION: I am aware that any omissions or falsifications in this application may disqualify me for employment consideration and if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated and I consent to the release of information about my abilities, employment history, and fitness for employment by previous employers, schools, law enforcement agencies and personal references.

Signature:_____ Date:_____