

TOWN OF WHITE SPRINGS



EMPLOYMENT APPLICATION

Note: Type or print in ink this application in its entirety. A separate application must be submitted for each vacancy. Photocopies are not 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 3). All information you submit is subject to verification. **Application must be completed in full and signed or it WILL NOT be processed.** Notify the Town in advance if you require special disability accommodations to participate in the employment process.

POSITION APPLIED FOR

Department:

Title:

Date available to begin work:

Pay Expected:

Have you ever applied for employment with us? YES _____ NO _____ If yes, when and what department?

Are you available for full-time work? YES _____ NO _____ If not, what hours can you work?

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 LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?

YES NO

PERSONAL INFORMATION

Your name:

Social Security Number:

Your residential and mailing address:

City:

County:

State:

Zip Code:

Home Phone:

Cell Phone:

Email Address:

EDUCATION

High School Name / Location of School:

Circle Highest Grade Completed: 9 10 11 12

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

L I C E N S U R E , R E G I S T R A T I O N , C E R T I F I C A T I O N EXAMPLES: Driver License , Teacher Certification , RN , LPN , P E , C P A , etc .

License, Registration, or Certification	Number	Date Received	Expiration Date	State Licensing Agency

Please include a copy of your driver's license as well as copies of all certifications and licenses required to perform job, such as CDL, E.M.T, etc.

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.

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, SENTENCED FOR OR PLEAD NOLO CONTENDRE TO A FELONY OR FIRST-DEGREE MISDEMEANOR? YES NO

If so, please describe below.

Incident	City/State	Charge	Date

PLEASE ENTER EXPLANATION OR CONTINUATION OF ANY ITEM OR ADDITIONAL CHARGES ON A SEPARATE PIECE OF PAPER

EMPLOYMENT HISTORY. Describe your work experience in detail, beginning with your current or most recent job. 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 Current or Last Employer:

Address:

Phone: ()

Your Job Title:

Supervisor's Name:

From:

To:

Hours per Week:

Salary:

Duties and Responsibilities:

Reason for Leaving:

May we contact this employer? YES ____ NO ____

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:			
May we contact this employer? YES ___ NO ____			

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:			
May we contact this employer? YES ___ NO ____			

MILITARY SERVICE	
COMPLETE THIS SECTION IF YOU HAVE SERVED IN THE U.S. ARMED FORCES	

Branch of Service:	Period of Active Duty (Month and Year) From: To:
Rank at Discharge:	Honorable Discharge? YES ___ NO ____
Date of Discharge:	Are you currently in the Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO
VETERANS PREFERENCE – Do you claim a veteran's preference?	<input type="checkbox"/> YES <input type="checkbox"/> NO

(Attach your DD214 and any other required supporting documentation, if claiming).

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.].

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 _____

I, the undersigned, understand that as an employee, my employment relationship with the Town of White Springs is one of employment-at-will, and that I can be dismissed by the Town at any time with or without cause. I also understand that I am free to separate my employment with the Town of White Springs at any time with or without cause.

The information provided in this Application for Employment is true, correct and complete. I understand that any omission(s) or falsification(s) 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 authorize and consent to the Town of White Springs contacting schools, previous employers, references and others and hereby release the Town, schools, previous employers, references, law enforcement agencies and others contacted from any liability resulting from such contact and the information provided.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide at my request the names and address of the agency so I may obtain from them the nature and substance of the information contained in the report consistent with applicable law.

Signature: _____

Date: _____