

TOWN OF LONGBOAT KEY
 Human Resources Department
 501 Bay Isles Road; Longboat Key, FL 34228
 Phone: (941) 316-1999 Fax: (941) 316-1656
APPLICATION FOR EMPLOYMENT

Your application will not be considered unless complete answers are provided to all questions on this application. Resumes may be submitted as supplements, but cannot be accepted in lieu of any part of this application.

(Please Print in Ink)

1.

NAME (Last)	(First)	MI	-	-	Social Security #
PRESENT ADDRESS (number & street)	City	State	Zip Code		
HOME TELEPHONE #	ALTERNATE TELEPHONE #		EMAIL ADDRESS		

2. Are you eligible to work in the United States? _____ “Proof of eligibility will be required before you can be employed”.

3. How long have you lived at your current address? _____.

4. Position(s) applied for: (Please use specific titles)

(1) _____ (2) _____

Can you perform the essential duties of the position of which you are applying, as these duties are set forth in the job description, with or without reasonable accommodations? Yes _____ No _____ A “No” response will result in a more detailed investigation if you are otherwise sufficiently well qualified for the job(s) you seek.

5. Have you previously been employed by the Town of Longboat Key? _____ If yes, when, in what position, and what was your reason for leaving? _____

6. Do you have any relatives working for the Town of Longboat Key? _____ If yes, give their full name(s), relationship to you and their present position with the Town of Longboat Key. _____

7. Have you any outside employment? _____ If yes, explain fully the nature of such business or employment. _____

8. Have you ever worked under a different name? _____ If yes, name _____

A MVR background check will be conducted on individuals selected for appointment to positions that require the operation of a Town vehicle. The Town of Longboat Key reviews driving records annually; therefore your driving record is subject to review. By signing this application, you consent to the background check.

9. To the best of your knowledge, has anyone ever filed a complaint in federal or state court, or a charge with any local, state, or federal agency, **against you** alleging unlawful harassment or unlawful discrimination? _____

10. Has anyone accused **you** of unlawfully harassing them or discriminating against them? _____ If so, please give date(s), the employer(s), circumstance(s) and outcome. _____

Date Received: _____ **Received by:** _____
Applicant ID Code _____ **Veterans Preference Applies** _____

11. Have you ever been convicted of any felony, had adjudication withheld or any crime other than a traffic violation in which either alcohol or illegal drugs were involved? Include details of the type of crime, the date of conviction and the penalty imposed.

12. Have you ever been convicted of a felony, pled no contest to a felony charge against you? _____ If so provide all related information including case number and conviction involved.

NOTE: You are advised that a conviction may not be an automatic bar to your employment. Factors such as your age at the time of the offense(s); how long ago such offense(s) occurred; seriousness and nature of offense(s); extent of relationship between conviction(s) and each particular position you apply for; and rehabilitation efforts will be taken into account. Falsification of your answers will result in your dismissal if you are employed.

13. Have you ever used, possessed, cultivated, sold or attempted to sell illegal controlled substances as defined by Florida Statutes, Chapter 893? ____Yes ____No

14. If so, state the most recent time and what illegal controlled substance you used, cultivated, sold or attempted to sell? And explain.

15. Have you ever been discharged or dismissed from a job? _____ If yes, explain what for, name of the employer and whether or not you think the decision to terminate you was fair; and if not, why do you disagree? _____

Have you, within the past four years, applied for a position with a State or Local Government agency? _____ If yes, list name of agency _____

The following questions (16 through 19) do not need to be answered unless they are related to the position you are seeking.

16. Do you have a valid Florida Driver's or Chauffeur's License? ____Yes ____No

If yes, give type, number & expiration date _____

17. Do you have a valid driver's license from another state? If so what state and what type of license? _____

Give state of issuance and expiration date _____

18. Has your driver's license ever been suspended or revoked? _____ If yes, explain fully, giving date and reason: _____

19. Do you have a valid Florida Commercial Driver's License (CDL)? _____ If yes, class? _____ and

Endorsements? _____

20. Indicate any licenses you hold such as Emergency Medical Technician, Paramedic, Water/Wastewater Operator, Professional Engineer, etc., showing the licensing authority, where the license was issued and the date of expiration. (Not Vehicle Operator Lic.) _____

21. Have you ever been employed by the State of Florida or any of its political jurisdictions (i.e. State, County or City government, or school board)? _____ If yes, provide name of employer and date of initial employment: _____

EDUCATION AND TRAINING (Candidates will be responsible for presenting transcripts, diplomas or certificates if employed).

22. CHECK ALL THAT APPLY: G.E.D. Certificate _____ H.S. Diploma _____ College Degree _____

Name and location of the last high school attended: _____

23. <u>COLLEGE ATTENDED</u>	<u>FROM</u>	<u>TO</u>	<u>MAJOR</u>	<u>DEGREE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

24. Vocational/Training, Trade, Business, Armed Forces, and other schools and special training:

<u>COLLEGE ATTENDED</u>	<u>FROM</u>	<u>TO</u>	<u>PROGRAM</u>	<u>CERTIFICATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

25. List software packages with which you are proficient, i.e. Microsoft Word , Excel, PowerPoint. You have been advised as to which software package, if any, are related to the job you seek, so that you may accurately respond.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

26. Clerical Skills: (Fill out for clerical jobs only) Typing: _____ WPM Shorthand: _____ WPM
Dictaphone: _____

27. Do you have any special skills or have any other qualifications for the position for which you have applied, which you Would like the Town of Longboat Key to Consider ? _____ If yes, explain: _____

EXPERIENCE

Please complete in DETAIL all former employment starting with your present employer. Include summer employment and U.S. military experience. For any unemployment or self-employed periods, show dates (i.e. month and year) and locations. If you have a resume, you may attach it for explanation of duties. You are still required to complete all information requested herein. If additional space is required, attach a second sheet. If you were ever employed in any position under a different name, give in each position the name used. Account for periods of unemployment..

NAME OF PRESENT OR LAST EMPLOYER	May we contact: Yes/No	FROM MO/YR	TO MO/YR	STARTING SALARY
_____	_____	_____	_____	_____
_____	_____	_____	_____	FINAL SALARY
_____	_____	_____	_____	_____
CITY & STATE	ZIP CODE			
PHONE NUMBER _____		TITLE _____		
REASON FOR LEAVING: _____		DUTIES _____		
_____		_____		
_____		_____		
IMMEDIATE SUPERVISOR: _____		_____		

NAME OF PRIOR EMPLOYER	May we contact: Yes/No	FROM MO/YR	TO MO/YR	STARTING SALARY
_____	_____	_____	_____	FINAL SALARY
_____	_____	_____	_____	_____
CITY & STATE	ZIP CODE			
PHONE NUMBER		TITLE		
REASON FOR LEAVING:		DUTIES		
_____		_____		
_____		_____		
IMMEDIATE SUPERVISOR:				

NAME OF PRIOR EMPLOYER	May we contact: Yes/No	FROM MO/YR	TO MO/YR	STARTING SALARY
_____	_____	_____	_____	FINAL SALARY
_____	_____	_____	_____	_____
CITY & STATE	ZIP CODE			
PHONE NUMBER		TITLE		
REASON FOR LEAVING:		DUTIES		
_____		_____		
_____		_____		
IMMEDIATE SUPERVISOR:				

NAME OF PRIOR EMPLOYER	May we contact: Yes/No	FROM MO/YR	TO MO/YR	STARTING SALARY
_____	_____	_____	_____	FINAL SALARY
_____	_____	_____	_____	_____
CITY & STATE	ZIP CODE			
PHONE NUMBER		TITLE		
REASON FOR LEAVING:		DUTIES		
_____		_____		
_____		_____		
IMMEDIATE SUPERVISOR:				

NAME OF PRIOR EMPLOYER	May we contact: Yes/No	FROM MO/YR	TO MO/YR	STARTING SALARY
_____	_____	_____	_____	FINAL SALARY
_____	_____	_____	_____	_____
CITY & STATE	ZIP CODE			
PHONE NUMBER		TITLE		
REASON FOR LEAVING:		DUTIES		
_____		_____		
_____		_____		
IMMEDIATE SUPERVISOR:				

STATEMENT OF UNDERSTANDING AND AUTHORITY FOR RELEASE OF INFORMATION:

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records:

I hereby give The Town of Longboat Key permission to make a thorough investigation of my entire background, including but not limited to, my work, educational record, achievement, attendance, personal history, disciplinary records, credit records and criminal history records and to investigate all other data I have provided. I also authorize and release any former employer, or its representatives as well as any and all other persons to provide The Town of Longboat Key with any and all information they or the Town considers relevant to my possible employment regardless of whether such information about me is positive or negative. *It is my understanding that **this application**, by law, will become public record when submitted and the Town of Longboat Key cannot guarantee me its confidentiality. I further understand that if employed, other potential employers may contact The Town of Longboat Key from time to time for job-related information.* I hereby authorize the Town of Longboat Key to provide any information it deems relevant whether good or bad to potential employers upon request. The Town of Longboat Key will redact all information not subject to disclosure under Florida Statutes Chapter 119 (Florida Sunshine Law) social security numbers, date of birth, etc.

I have read and understand all of the information and agree to the terms provided herein and I hereby release the Town of Longboat Key, as well as all its employees, elected officials and agent, and others from any liability which may result from furnishing the information as set forth above.

All requests for information have been completed as fully and accurately as possible and I recognize that any material misrepresentation or pertinent omission of fact in my application as determined by the Town may disqualify me from employment with the Town of Longboat Key or if employed and later discovered may result in termination of my employment.

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employer is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

PROBATION –

- The initial probation period for full time regular employees is one hundred eighty (180) days unless their job requires a certification, licensing on completion of a training period in which case the probationary period is until the required license, certification is received or upon successfully completing the training program whichever last occurs. Either initial probationary period maybe extended by Management for an additional ninety days (90).
- Full time employees who have not successfully completed the applicable probationary period or extension thereof, and all part time, temporary or seasonal employees serve in their positions and as Town employees at the will and pleasure of the Town Manager or his designees.

DRUG SCREENING –

- To the extent allowed by law all applicants for employment must pass a drug test as a condition of being offered employment. Refusal to take a test and when directed by the Town will eliminate the applicant from further consideration. If employed all employee are subject to testing for use of illegal substances at any time subject to applicable law and The Town Drug & Alcohol Policy.

VETERANS' PREFERENCE CERTIFICATION

Date: _____ Name: _____

Section 295.07(1), Florida Statutes, provides for Veterans' Preference in employment appointment and retention, if qualified under one of the following categories, and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans' Preference for reinstatement, reemployment, and promotion. If you seek Veterans' Preference, please "check" the appropriate box, and provide this form and documentation of your status with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans' Preference under the category checked below:

- (a) A disabled veteran:
1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
 2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.
- (b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- (c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.
- (d) The unremarried widow or widower of a veteran who died of a service-connected disability.
- (e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.
- (f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.
- (g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. **In order to receive Veterans' Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources ("HR") office in accordance with Rule 55A-7.013, Florida Administrative Code.** Please contact HR at 941-316-1999, if you have any questions.

If you feel that you are not afforded preference in consideration for appointment to certain positions or of a non-preference eligible applicant is appointed to the position in the Town of Longboat Key government, you have the right to request an investigation. To exercise this right you must file a written complaint with the Florida Division of Veteran's Affairs, 11351 Ulmerton Road, Suite 311, Largo, FL 33778-1630. Such complaint must be filed within 60 calendar days from the date you receive written notice of the hiring decision.

This statement is true to the best of my knowledge and belief.

By _____
Applicant's Name

Applicant's Signature

Certification of Unremarried Widow or Widower

Section 295.07(1)(d), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a Veteran who died of a serviced connected disability and

Section 295.07(1)(e), Florida Statutes, provides Veterans' Preference in appointment and retention for an unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting the fact that I have not remarried, must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

To be completed by Unremarried Widow or Widower:

I certify that I, _____, was married to _____,
a member of _____ (branch) of the United States Armed Forces.

I further certify that I have not remarried since the date of his/her death.

_____ Date: _____
Signature of Widow or Widower

Printed name: _____

Home/mobile telephone(s): _____

Address: _____

Witness: _____ **Date:** _____

Printed name: _____

Address: _____

**Certification of Current Member of
Reserve Component of the United States Armed Forces
or The Florida National Guard**

To be completed by your IMMEDIATE MILITARY SUPERVISOR:

I certify that _____ is a current member of
_____(branch) **Reserve Component of the United States Armed Forces or The Florida National
Guard** (circle one) and is in "Honorable" standing as of this date.

Signature of Immediate Military Supervisor

Date: _____

Supervisor's Printed Name and Rank

Military Supervisor's Telephone Number

To be completed by APPLICANT:

Section 295.07(1)(g), Florida Statutes, provides for Veterans' Preference in appointment and retention for a Current member of any Reserve Component of the United States Armed Forces or The Florida National Guard, serving honorably.

In order to receive Veterans' Preference in employment appointment and retention, this form documenting my current service must be returned to the Human Resources office along with Veterans' Preference Certification, FDVA form VP-1, in order to complete the application packet.

**I certify that I am a Current member of _____, honorably serving, that I intend to
continue my military service, and that the following information is accurate:**

Address: _____

Home/mobile telephone(s): _____

By: _____ Date: _____

Signature of Current Member

Printed name

REFERENCES

Please list 3 references that are not relatives.

Name: _____
Address: _____

Phone #: _____
Years acquainted: _____

Name: _____
Address: _____

Phone #: _____
Years acquainted: _____

Name: _____
Address: _____

Phone #: _____
Years acquainted: _____

Town Use Only:

Background information notes and verification to be completed by Town Representative

**FCRA CONSUMER REPORT DISCLOSURES
AND AUTHORIZATION FOR RELEASE OF INFORMATION**

As required by the Fair Credit Reporting Act, this is to advise you that a consumer report and/or investigative consumer report (including information as to your character, general reputation, personal characteristics, and mode of living) may be obtained by the Town from a consumer reporting agency for employment purposes as part of a pre-employment background investigation. Should an investigative consumer report be requested, you will be notified and have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act. The Town will also provide you a copy of the report upon request.

By signing this form, I HEREBY AUTHORIZE the Town, or its representative to obtain consumer reports, investigative consumer reports and/or any other information pertaining to my employment, credit, education or military service from any and all employers, former employers, credit agencies, educational institutions, law enforcement agencies, governments, consumer reporting agencies and any other individual or entity possessing such information.

Printed Full Name: _____
Social Security #: _____
Current Address: _____ _____
Telephone#: _____
Signature: _____ Date: _____

Town Use Only:

Background information notes and verification to be completed by Town Representative

Mail, Fax OR Email Completed Application to:
The Town of Longboat Key
501 Bay Isles Road
Longboat Key, FL 34228
Fax (941) 316-1656
lsilvertooth@longboatkey.org