



Town of Fort White

Employment Application

Name of Applicant (*please print*):

Position:

Date:

PLEASE READ CAREFULLY!!!

Employees of the Town of Fort White and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Preference in appointment will be given to eligible veterans and spouses.

Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Town of Fort White.

Your Social Security Number is used for the purpose of identification and background verification. Failure to provide your SS# may result in delay in processing your application.

**** Applications will only be accepted for open positions. All questions must be answered. When completing the application, please ensure that you provide current information in a legible manner. Applications indicating "See Resume" for any response will be considered incomplete and not processed. Please send a copy of your resume along with application to town@fortwhitefl.com.**

Office Use Only

Received by: _____

Date: _____

Received by deadline? Y N

■ PERSONAL DATA

Full Name: _____

Social Security Number: _____

Mailing Address: _____

Street Address: _____

(if different) _____

City, State, Zip: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

■ Military Service

Have you been in the military service?

☐ YES ☐ NO

If yes, when

Dates of Service: _____

Type of Discharge: _____

Were you convicted by a military court martial?

☐ YES ☐ NO

If yes, explain:

Have you previously filed an application with the Town of Fort White?

☐ YES ☐ NO

If yes, when: _____

Have you ever worked for the Town of Fort White?

☐ YES ☐ NO

If yes, when: _____

Are any of your relatives presently employed with the Town of Fort White?

☐ YES ☐ NO

If yes, who: _____

Salary Expectations: _____

■ GENERAL INFORMATION

Are you at least 18 years or older?

☐ YES ☐ NO

(If no, you may be required to provide authorization to work.)

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity & eligibility to be legally employed in the United States?

☐ YES ☐ NO

Have you ever been convicted of a criminal offense, had adjudication of a crime withheld, or pled nolo contendere to a felony or first degree misdemeanor, or any criminal offense involving dishonesty or breach of trust?

☐ YES ☐ NO

Have you been terminated, asked to resign or left by mutual agreement from any employment or position you held for any reason, including allegation of misconduct or unsatisfactory performance?

☐ YES ☐ NO

Have you received disciplinary action from an employer, such as a written notice or suspension?

☐ YES ☐ NO

If yes, explain:

SCHEDULE AVAILABILITY (please check all that apply)

Days Available ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun
Hours Available ☐ Any Shift/Schedule ☐ Day Shift ☐ Evening Shift ☐ Night Shift

NOTE: Work schedules are based upon the needs of the city and may be subject to change on a regular basis.

Date Available to Work: _____

DRIVER LICENSE INFORMATION

FL Driver License No: _____

Date of Expiration: _____

Restrictions: _____

Do you have or have you ever been issued a driver license in another state? ☐ YES ☐ NO

If yes, please provide state(s), name used and approximate dates license(s) was/were issued and license number:

Have you ever been denied issuance of a drive license or have you ever had a driver license suspended, canceled or revoked? ☐ YES ☐ NO

If yes, provide details:

Do you have access to reliable transportation?

☐ YES ☐ NO

■ EDUCATION/TRAINING

Education/ Type of School	Name/Address	Major	Last Year Attended	Graduated	Degree
High School				Y N	
College				Y N	
College				Y N	

OTHER SCHOOLS (LAW ENFORCEMENT, TRADE, VOCATIONAL, BUSINESS OR MILITARY)

Education/ Type of School	Name/Address	Major	Graduated	Degree
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	

■ Additional Experience & Qualifications/Computer Skills

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

■ PERSONAL REFERENCES

List four people who have known you for at least the past five years. **DO NOT LIST RELATIVES OR TOWN OF FORT WHITE EMPLOYEES.**

Name:	Occupation:
Address:	
Telephone Number:	Years Known:

Name:	Occupation:
Address:	
Telephone Number:	Years Known:

Name:	Occupation:
Address:	
Telephone Number:	Years Known:

Name:	Occupation:
Address:	
Telephone Number:	Years Known:

■ EMPLOYMENT HISTORY

Starting with your present employer, list chronologically all employment for the **past ten (10) years**. Include summer employment, part-time employment, temporary employment or employment that was only for a few days. Include all military base assignments, if applicable. **You must account for all periods of time.** If you have been unemployed for any period of time, include the dates of unemployment. Use the current complete address, city, state, zip code, area code and phone number. **Explain any gaps in your employment history.**

May we contact your current employer? ☐ YES ☐ NO

From: _____ <i>Name of Company</i>	<input type="checkbox"/> PT <input type="checkbox"/> FT	To: _____	Title: _____
Address _____	Telephone _____	Supervisor's Name/Title _____	
Starting Pay: _____ Ending Pay: _____			
Duties: _____			
Explain gap (if applicable)			
Reason for Leaving: _____			
From: _____ <i>Name of Company</i>	<input type="checkbox"/> PT <input type="checkbox"/> FT	To: _____	Title: _____
Address _____	Telephone _____	Supervisor's Name/Title _____	
Starting Pay: _____ Ending Pay: _____			
Duties: _____			
Explain gap (if applicable)			
Reason for Leaving: _____			
From: _____ <i>Name of Company</i>	<input type="checkbox"/> PT <input type="checkbox"/> FT	To: _____	Title: _____
Address _____	Telephone _____	Supervisor's Name/Title _____	
Starting Pay: _____ Ending Pay: _____			
Duties: _____			
Explain gap (if applicable)			
Reason for Leaving: _____			

In accordance with the provisions of the Americans with Disabilities Act (ADA), are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

☐ YES ☐ NO



Thank you for your interest in employment with the Town of Fort White.

I certify that answers given herein are true and complete.

I authorize the Town of Fort White to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I consent to references, former employers, and educational institutions listed being contacted regarding this application and also consent to complete criminal history background checks to be conducted.

I understand that employment is contingent upon successful completion of a pre-employment drug screening test and continuous compliance with the Town's Drug Free Workplace Policy.

This application for employment shall be considered active for a period not to exceed six (6) months for the specific position for which I am applying. Any applicant wishing to be considered for employment for a different position or beyond this time must complete another application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment with the Town of Fort White is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

I understand all offers of employment are conditioned upon satisfactory reference checks, successful completion of all pre-employment tests and requirements in addition to the production of all documents necessary for the Town to verify my identity and work authorization in accordance with the requirements of the U.S. Citizenship and Immigration Services.

In the event of employment, I understand that false or misleading information given in my application or interview(s), regardless of time of discovery, may result in disciplinary action including discharge. I also understand and abide by all policies and procedures of the Town of Fort White, if employed.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Print Name

Date

Signature



VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA

The Town of Fort White is an Equal Opportunity Employer and maintains a work environment in which employees are treated with dignity and respect. The City ensures that applicants as well as employees receive consideration for employment without regard to age, ancestry, color, marital status, national origin, irrelevant physical disability, political affiliation, race, religious creed, sex, sexual orientation or other non-merit factors (except as limited by law, Personnel Policies and Procedures, Collective Bargaining Agreements, or bona fide occupational disqualifications). The Town will make certain that all employment practices, including, but not limited to, compensation, benefits, layoffs, promotions, training, terminations, hiring, and recruitment, are administered in a manner that provides full and fair opportunity to all persons.

In order to comply with Federal/State equal employment record keeping and reporting requirements, please provide the information requested below.

The information you provide will be used for **statistical purposes ONLY**. It will be kept separate from your application for employment during the entire hiring process. Failure to provide this information will have no effect on your employment with the Town.

HOW DID YOU HEAR ABOUT THIS POSITION:

Please check one of the following equal Employment Opportunity Identification Groups:

Race:

- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Black (not of Hispanic Origin)
- ☐ Hispanic
- ☐ White (not of Hispanic origin)

Sex:

- ☐ Male
- ☐ Female
- ☐ Decline to answer

Print Name

Date

Signature

TOWN OF FORT WHITE VETERAN'S PREFERENCE CLAIM FORM



VETERAN'S PREFERENCE: Check the appropriate block if you are claiming veteran's preference.

CHECK ONE ONLY

REQUIRED PROOF

<input type="checkbox"/>	I am not claiming veteran's preference	n/a	
<input type="checkbox"/>	A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense (10 points), <u>or</u>	DD214 or equivalent showing date of induction, date of separation, character of service, and document (dated within the past 12 months) from the Veteran's Administration, Department of Defense or the Division of Veteran's Affairs certifying the existence of a service-connected disability and the percent of the disability.	
<input type="checkbox"/>	The spouse of a disabled veteran (who cannot qualify for employment because of a total and permanent disability), or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power (10 points), <u>or</u>	DD214, copy of marriage license and statement that spouse is still married; certification from the Department of Defense or the Veteran's Administration that the veteran is totally and permanently disabled and cannot qualify for employment due to a service-connected disability; or in the case of an M.I.A., a document from the Veteran's Administration or Department of Defense certifying such a condition.	
<input type="checkbox"/>	A veteran of any war who has served on active duty for at least one (1) day and who was discharged or separated with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era (5 points). Active duty for training is not allowable, <u>or</u>	DD214 or equivalent showing date of induction, date of separation and character of service.	
<input type="checkbox"/>	The un-remarried widow or widower of a veteran who died of a service-connected disability (5 points).	DD214, document from Department of Defense or Veteran's Administration certifying service-connected death of the veteran, evidence of marriage and statement that spouse is not remarried.	

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

Note: Under Florida law preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 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 Division of Veteran's Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.

I certify that information provided is complete and correct and that any misrepresentation of the claim of preference is grounds for disqualification or candidacy or termination of employment.

Applicant's Name (Please print) _____ Applicant's Signature _____

Date: _____

SS# _____

Veteran's Name (if different from applicant - please print): _____

Veteran's SS#: _____

Office Use Only

Award

Date