



Town of Loxahatchee Groves

155 F Rd. • Loxahatchee Groves, FL 33470 • (561) 793-2418 • Fax (561) 793-2420 • www.loxahatchceegrovesfl.gov

EMP-APP-050119

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute for A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS TOWN IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE TOWN MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. PER TOWN CODES AND POLICIES THAT MAY BE AMENDED FROM TIME TO TIME.

Applicant Name _____

Position Applied For (list only one) _____

Telephone Number (____) _____ - _____ Alternate/Cellular Telephone Number (____) _____ - _____

Present Address _____ How long have you lived here? _____ / _____

Street, Apartment, or Unit Number _____

City/State/Zip Years Months _____

Email Address (optional) _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Have you previously applied for employment with this Town? Yes No

If Yes, when and for what position did you apply? _____

Have you ever been employed by this Town? Yes No

If Yes, provide dates of employment, position and reason for separation from employment. _____

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

SPECIAL SKILLS

List any licenses or certification you have that relate to this job: _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Please do not answer "see résumé." (You may attach additional sheets if needed.)

1. Name of Current or Last Employer _____

Address: _____ Telephone: (____) ____ - _____

Job Title: _____ Supervisor Name: _____

From ____ To: ____ Hours Worked: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No If No, why not? _____

What will this employer say was the reason your employment terminated? _____

Were you ever disciplined? If so, for what? _____

2. Name of Current or Last Employer: _____

Address: _____ Telephone: (____) ____ - _____

Job Title: _____ Supervisor Name: _____

From ____ To: ____ Hours Worked: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No If No, why not? _____

What will this employer say was the reason your employment terminated? _____

Were you ever disciplined? If so, for what? _____

3. Name of Current or Last Employer: _____

Address: _____ Telephone: (____) ____ - _____

Job Title: _____ Supervisor Name: _____

From ____ To: ____ Hours Worked: _____

Duties: _____

Reason for Leaving: _____

May we contact? Yes No If No, why not? _____

What will this employer say was the reason your employment terminated? _____

Were you ever disciplined? If so, for what? _____

PROFESSIONAL REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work relationship (i.e. Supervisor, co-worker)	Telephone

PERSONAL REFERENCES

Please list names of personal references (not previous employers or relatives) who you know that we may contact.

Name	Occupation	Address	Telephone	Number of Years Known

Have you ever been terminated or asked to resign from any job? Yes No

Has your employment ever been terminated by mutual agreement? Yes No

Have you ever been given the choice to resign rather than be terminated? Yes No

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

Have you ever been arrested/adjudicated of a crime? Yes No

If yes, please explain or attach extra sheet _____

DRIVING INFORMATION [Optional]

(Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? Yes No

If yes, License No.: _____ State: _____ Expiration Date: _____

If you do not have a Florida driver's license, why not? _____

Has your license ever been suspended or revoked? Yes No

If yes, explain: _____

Do you have personal automobile insurance? Yes No _____

If no, explain: _____

Have you ever been denied personal automobile insurance, or has it ever been terminated or suspended?

Yes No If yes, explain: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Comments

APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION

I hereby certify that the answers to the foregoing are true and correct to the best of my knowledge. I understand that the TOWN OF LOXAHATCHEE GROVES ("the TOWN") will attempt to verify statements made on my application.

I understand that the TOWN requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment form, or in any interview or other oral communication, may be considered sufficient cause for dismissal, if and when discovered. The use of this application does not indicate there are positions open and does not in any way obligate the TOWN.

I authorize personal references, as well as professional references, other persons, companies, corporations, schools, and law enforcement agencies identified in this application to furnish to the TOWN and/or its representatives any information they have concerning me.

I understand that I may be required to submit to drug testing now or at any time in the future and I agree to such testing. Moreover, I understand that my failure or refusal to undergo such testing will result in the withdrawal of my employment application.

I will be able, if hired, to certify that I am authorized to work in the United States of America. The Immigration Reform and Control Act of 1986 requires that, upon hiring, employers verify the authorization to work and identity of all new employees. An offer of employment is contingent upon the TOWN's ability to verify this necessary information.

I understand that if I am hired, confidential information regarding the TOWN, and/or its customers and employees may be available to me and that this information must not be disseminated or used except for the TOWN's benefit. If employed, I agree to keep all information about the TOWN, including such information regarding its business methods, protocols, customers and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without the TOWN.

I understand that this application or subsequent employment does not create a contract of employment nor does it guarantee employment for any definite period of time. Should I be hired, I understand that my employment is at-will and my employment may be terminated at any time with or without cause, and with or without notice.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, other employeeor the spouse or child of one, who is exempt from public records disclosure under 119.07, F.S.? Yes No**

If yes, explain: _____

****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.**

Complete Signature of Applicant Date

Thank you for completing this application form and for your interest in employment with the Town of Loxahatchee Groves. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you.

Applications will not be considered active after 90 days from date of application unless renewed, in writing, by the applicant.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

NOTICE & CONSENT FORM

DISCLOSURE TO APPLICANT AND CONSENT TO REQUEST CONSUMER REPORT INFORMATION

I understand that the Town of Loxahatchee Groves ("the Town") will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, the Town may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment, liens, and criminal background.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify the Town within two days of my receipt of the report. If I notify the Town within two days of the receipt of the report that I am challenging information in the report, the Town, will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize the Town to procure a report on my background as stated above from a consumer reporting agency.

Signature: _____

Print Name: _____

STATE OF FLORIDA

DATED this _____ day of, 20 _____

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

by _____

who is personally known to me or who has produced a Florida Driver's License as identification.

NOTARY PUBLIC

VETERANS NOTICE & CONSENT FORM

Check appropriate item to claim Veterans' Preference. Documentation substantiating your claim **MUST** be furnished at the time of application or your claim for veterans' preference will be invalid.

1. A Veteran who has served duty in any branch of the Armed Forces who has a presently existing service-connected disability 30% or more compensable under public laws administered by the Veterans' Administration; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the Veterans' Administration and the Department of Defense; **or**
2. The spouse of a 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 or interned in line of duty by a foreign government of power; **or**
3. A veteran of any war who has served on active duty for at least one (1) day during the wartime era, including but not limited to the following:
 - (a) Spanish-American War: April 21, 1898 to July 4, 1902;
 - (b) Mexican Border Period: May 9, 1916 to April 5, 1917;
 - (c) World War I: April 6, 1917 to November 11, 1918; extended to April 1, 1920, for those veterans who served in Russia; also, extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921, provided such veterans had at least 1 day of service between April 5, 1917, and November 12, 1918;
 - (d) World War II: December 7, 1941, to December 31, 1946;
 - (e) Korean Conflict: June 27, 1950, to January 31, 1955;
 - (f) Vietnam Era: February 28, 1961, to May 7, 1975;
 - (g) Persian Gulf War: August 2, 1990 and ending on the date thereafter prescribed by Presidential proclamation or by law; **or**
4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed through Veterans' Preference since October 1, 1987? _____ Yes No

If yes, give name of Employer: _____

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 a veterans' preference for a vacant position is not selected for the position, they may file a complaint with the **Division of Veterans' Affairs, P. O. Box 1437, St. Petersburg, Florida 33731**. A complaint shall be filed within 21 days after notice of a hiring decision. If notice of a hiring decision is not given, a complaint may be filed at any time.

Applicant's Full Name (Please Print) _____

BRANCH OF SERVICE

DATA ENTRY

DATE OF DISCHARGE

SIGNATURE FORM

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature: _____ **Date:** _____ / _____ / _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Town, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Town personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date