

TOWN OF LAKE PLACID, FLORIDA

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**APPLICATION FOR EMPLOYMENT**

POSITION DESIRED \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ HOW DID YOU HEAR ABOUT THE OPENING? \_\_\_\_\_

This application is not acceptable for applicants applying to work for the Lake Placid Police Department. The police department application can be obtained at the **Lake Placid Police Department** at **8 North Oak Avenue** in **Lake Placid, Florida 33852** or on the Police Department website **WWW.lppd.com**.

**INSTRUCTIONS**

Application must be typewritten or printed legibly in black ink. All questions must be answered. If space provided is not sufficient for complete answer or you wish to furnish additional information, attach sheets of the same size to the application and number answers to correspond with questions.

**PERSONAL HISTORY**

1. FULL NAME:

Last NAME FIRST MIDDLE (Optional) SOCIAL SECURITY NUMBER

RESIDENCE ADDRESS MAILING ADDRESS

CITY COUNTY STATE ZIP EMAIL

TELEPHONE NUMBER HOME OTHER TELEPHONE NUMBERS

2. STATE IDENTIFICATION NUMBER: \_\_\_\_\_ 3. STATE ISSUED: \_\_\_\_\_

4. OR DRIVERS LICENSE NUMBER: \_\_\_\_\_ 3. STATE ISSUED: \_\_\_\_\_

5. OTHER: LIST ALL OTHER NAMES YOU HAVE USED INCLUDING CIRCUMSTANCES AND TIME PERIODS YOU USED THEM. FOR EXAMPLE; FORMER NAME(S), MAIDEN NAME(S), ALIAS(S), AND NICKNAME(S):

NAMES	CIRCUMSTANCE	DATES FROM - MO./YR	DATES TO - MO./YR

*The Town of Lake Placid is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.*

6. Are you a United States citizen? \_\_\_\_ Yes or \_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_ Yes or \_\_\_\_ No

Date Submitted \_\_\_\_\_

If naturalized, please provide \_\_\_\_\_  
 \_\_\_\_\_ DATE \_\_\_\_\_ PLACE \_\_\_\_\_  
 \_\_\_\_\_ COURT \_\_\_\_\_ NATURALIZATION NUMBER \_\_\_\_\_

6. Have you ever filed an application with us before? \_\_\_\_ Yes or \_\_\_\_ No Dates \_\_\_\_\_

7. Have you ever been employed by us before? \_\_\_\_ Yes or \_\_\_\_ No Dates of employment \_\_\_\_\_

**EDUCATION / TRAINING**

1.

High School Name/Address	Dates Attended – Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	TO			

2.

College/University Name/Address	Dates Attended – Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	TO	Qtr.	Sem.		

Major \_\_\_\_\_ Minor \_\_\_\_\_

3. Other Schools (Trade, Vocational, Business, Police Academies or Military):

Name/Address	Dates Attended – Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	TO				

4. LIST ALL PROFESSIONAL LICENSES, TRAINING CERTIFICATES, OR AWARDS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Describe any word processing or computer skills and list all software you are able to use:

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6. State approximate number of words per minute: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_

7. On what date are you available for work? \_\_\_\_\_

8. Are you available to work? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

9. Are you available to work overtime or after hours? \_\_\_\_\_ Yes or \_\_\_\_\_ No

### EMPLOYMENT HISTORY

1. List chronologically all employment including current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Your Title or Position	Name of Supervisor	Reason for Leaving
	FROM	TO				
Name						
Address <span style="float: right;">Phone</span>						
City <span style="float: right;">State</span> <span style="float: right;">Zip</span>						
Name						
Address <span style="float: right;">Phone</span>						
City <span style="float: right;">State</span> <span style="float: right;">Zip</span>						
Name						
Address <span style="float: right;">Phone</span>						
City <span style="float: right;">State</span> <span style="float: right;">Zip</span>						
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Address <span style="float: right;">Phone</span>						
City <span style="float: right;">State</span> <span style="float: right;">Zip</span>						
Name						
Address <span style="float: right;">Phone</span>						
City <span style="float: right;">State</span> <span style="float: right;">Zip</span>						

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? \_\_\_\_\_ Yes or \_\_\_\_\_ No If yes, please explain:

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3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?  Yes or  No If yes, please provide details. \_\_\_\_\_

4. May we contact your present employer?  Yes or  No

5. Have you ever had to manage money routinely as a part of your job description?  Yes or  No  
If yes, please provide name of employer and date of service. \_\_\_\_\_

6. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer?  Yes or  No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.  
\_\_\_\_\_

**ORGANIZATION MEMBERSHIP**

1. List all clubs, societies and volunteer organizations of which you are or have been a member:

Name	City & State	Former Member	Present Member List position held (describe activity)

**ARREST HISTORY / COURT DATA**

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations?  
 Yes or  No

2. Have you ever been convicted of a felony?  Yes or  No  
If yes to question #1, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (include your juvenile charges and charges which have been sealed, if any.)

Under Name	Place & Department	Charge	Court & Place	Date of Charge	Disposition

Occasionally the format of an employment application makes it difficult for an individual to adequately summarize one's complete background. Use the space below and the back of this page to provide any additional information necessary to describe your full qualifications for the position applied.


## DRIVING HISTORY

Answer these questions if the job you are applying for will entail vehicle operation as part of your job duties.

1. Are you a licensed Florida automobile operator or chauffeur? \_\_\_ Yes or \_\_\_ No License No.: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held an operator or chauffeur license in another state? \_\_\_ Yes or \_\_\_ No  
provide state(s), name used and approximate dates license(s) was/were held.  
Please provide state and license number below

3. List in detail the traffic tickets you have received in the past ten year

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? \_\_\_ Yes \_\_\_ No  
If yes, please provide complete details including reason.

## MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces Of the United States? \_\_\_ Yes or \_\_\_ No

Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_

Service # \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

2. Date and type of discharge: \_\_\_\_\_

3. Are you now or have you ever been a member of the Reserve Unit or the National Guard? \_\_\_ Yes or \_\_\_ No

4. If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

5. Was any type of disciplinary action taken against you in the service? \_\_\_ Yes or \_\_\_ No If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

1. A veteran with a 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, 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 by a foreign power, or
3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
4. The non-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987? \_\_\_ Yes or \_\_\_ No

If "yes", please give name of employer \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

## PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

<b>Complete Name</b>		Home Address: _____
		City, State & Zip: _____
		Home Phone: (____) _____
Yrs, Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
<b>Complete Name</b>		Home Address: _____
		City, State & Zip: _____
		Home Phone: (____) _____
Yrs, Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
<b>Complete Name</b>		Home Address: _____
		City, State & Zip: _____
		Home Phone: (____) _____
Yrs, Acq.	Occupation	Business Address: _____
		City, State & Zip: _____

**ATTENTION:** IT IS THE RESPONSIBILITY OF THE APPLICANT TO MAKE SURE THE TOWN CAN EASILY CONTACT THE REFERENCES IF OR / WHEN THE BACKGROUND INVESTIGATION IS IN PROGRESS. CORRECT TELEPHONE NUMBERS AND ADDRESSES ARE IMPORTANT AND LACK OF SAME MAY LEAD TO A DEROGATORY CONCLUSION OF THE APPLICANT'S INTEREST IN THE POSITION.

## APPLICANT'S CERTIFICATION

I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, omission or misrepresentation may disqualify me as an applicant or cause my dismissal from the Town of Lake Placid. All statements made by me on this application are true, correct and, complete, to the best of my knowledge.

I consent to a pre-employment drug test.

My employment or appointment will be contingent upon the results of a complete drug test I may be required to take drug tests during the term of my employment or appointment with the TOWN OF LAKE PLACID.

I authorize all persons and organizations referenced in this application to furnish the TOWN OF LAKE PLACID information, personal or otherwise, regarding my ability and fitness for employment. I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Lake Placid.

I understand that this employment application shall become the property of the Town of Lake Placid. The application and information received in response to the background investigation are public records except where state statute exempts.

If employed by, or appointed to, the TOWN OF LAKE PLACID, I accept and agree to abide by the following conditions:

I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the TOWN OF LAKE PLACID and its official representatives.

If you are submitting an application by email you will be asked to sign and initial each page prior to any background investigation being done. Any untruthful statements within the application discovered either during the background investigation or after you are hired may result in your dismissal.

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Applicants Signature

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Date

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Witness

**AUTHORITY FOR RELEASE  
OF INFORMATION**  
(Background Investigation Waiver)

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

APPLICANT'S NAME:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER (Optional):

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:** TOWN OF LAKE PLACID, FLORIDA

I hereby authorize any Town of Lake Placid representative bearing this release, or copy thereof, to obtain any information in my files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct any entity having such information to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Town of Lake Placid.

I hereby release to you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

TOWN OF LAKE PLACID, 311 West Interlake Boulevard, Lake Placid, Fl. 33852

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Employer. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Employer to procure such reports at any time during my employment, contract, or volunteer period. I understand that my credit report and the information therein shall be used in compliance with the Fair Credit Reporting Act or appropriate regulations. I also understand that I have a right to obtain a copy of my own credit report and can dispute any information. FAIR CREDIT REPORTING RIGHTS AT FOLLOWING LINK

[https://mylakeplacid.org/towndocs/FORMS/EMPLOYMENT/RIGHTS UNDER THE FAIR CREDIT REPORTING.pdf](https://mylakeplacid.org/towndocs/FORMS/EMPLOYMENT/RIGHTS%20UNDER%20THE%20FAIR%20CREDIT%20REPORTING.pdf)

768.095, F.S., 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 employee 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 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. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Address

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My Commission

Expires on \_\_\_\_\_, 20\_\_\_\_\_. Personally known \_\_\_\_\_ - or -

Produced Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_





## FINAL CHECKLIST

Please use the list below to make sure we have all materials needed.

CHECK	REQUIRED
	COMPLETED TOWN EMPLOYMENT APPLICATION
	COPY OF YOUR HIGH SCHOOL DIPLOMA (IF APPLICABLE)
	COPY OF YOUR SOCIAL SECURITY CARD
	COPY OF YOUR DRIVER'S LICENSE
	AUTHORITY FOR RELEASE OF INFORMATION SIGNED - Page 8
	APPLICANTS CERTIFICATION SIGNED - Page 7
	COPY OF COLLEGE OR ADDITIONAL TRAININGS -
	Additional -
	Additional -
	Additional -
	Additional -

Equal Employment Opportunity Survey  
OPTIONAL INFORMATION

Information recorded here will be used for payroll and reporting purposes only. Answers to the following questions are voluntary and the information shall be kept as part of personnel records. Refusal to answer will not result in adverse action of any applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position title for which you are applying: \_\_\_\_\_

Sex: \_\_\_\_\_ Male or \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In compliance with Florida Statute § 119.071(5), the Town is providing you with notice that your social security number may be used for one or more of the following purposes: payroll, reporting unclaimed properties, professional license, employment benefits, pre-employment background check, drug screening, income reporting, and immigration-related documentation. The Town may collect and use your social security number for any of these purposes, in performance of the Town's duties and responsibilities, as prescribed by law. Under the Federal Privacy Act, disclosure of Social Security numbers is **voluntary**, unless a Federal statute specifically requires it or allows states to collect the number.

Disclosure of Social Security numbers is **mandatory** pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577, 409.2598, and 559.797, Florida Statutes. Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(i).

Section 7 of Public Law 93-579, The Privacy Act of 1974,[2] provides:"(a)(1) It shall be unlawful for any Federal, State or local government agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security account number.