

TOWN OF LAKE PLACID
APPLICATION FOR AT WILL EMPLOYMENT

1069 US 27, Lake Placid, Florida 33852
Telephone 863-699-3747
lakeplacidinfo@gmail.com

POSITION DESIRED _____ DATE _____

Police Department applicants may require additional application data as presented by the Police Chief.

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. Applications that do not provide correct or adequate information will not be considered further.

PERSONAL HISTORY

FULL NAME:

LAST FIRST MIDDLE SOCIAL SECURITY NUMBER (Opt)

RESIDENCE ADDRESS MAILING ADDRESS

CITY COUNTY STATE ZIP EMAIL

TELEPHONE NUMBER(s)

STATE IDENTIFICATION NUMBER or DRIVER'S LICENSE NUMBER STATE ISSUED

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)

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.

Are you a United States citizen? _____ Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ If naturalized, please provide

DATE _____ NATURALIZATION NUMBER _____

Date Application Submitted _____

Have you ever filed an application with us before? _____ Approximate dates _____

Have you ever been employed by us before? _____ Approximate dates _____

EDUCATION/TRAINING

High School (School Name, Dates attended, Graduation Type)

Do you have a High School Diploma _____ Type _____

College (College Name, Dates attended, Graduation Type, Course of Study)

OTHER SCHOOLS/TRAINING/PROFESSIONAL LICENSES/CERTIFICATIONS

RESUME ATTACHED YES/NO _____

Describe any job experience or computer skills (surgeon, mechanic, Microsoft products) and list all software you can use:

Other experience

EMPLOYMENT HISTORY

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. Note that the town does contact past employers for references. The EMPLOYMENT CONTACT WAIVER on the last page and correct intelligible information below helps to speed this process. In the absence of sufficient past job performance information, the town reserves the right to hire applicants whose past performance can be confirmed over applicant's whose past performance is hidden or unverified.

Employer Name	Dates Worked (From ... to ...)	Salary
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Reason for leaving	Employer Address	Employer Telephone	Reference person at site
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Describe in detail what jobs you did

----- May we contact this employer for a reference?

Employer Name	Dates Worked (From ... to ...)	Salary
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Employer Name	Dates Worked (From ... to ...)	Salary
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Reason for leaving	Employer Address	Employer Telephone	Reference person at site
--------------------	------------------	--------------------	--------------------------

Describe in detail what jobs you did

May we contact this employer for a reference?

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.

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.

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.

THE TOWN HAS AN OBLIGATION TO ENSURE THAT ALL EMPLOYEES HAVE NO CONFLICTS OF INTEREST WITH TOWN EMPLOYMENT AND PRIVATE EMPLOYMENT AND THAT APPLICANT'S EMPLOYMENT WITH THE TOWN TAKES PRIORITY OVER ALL OTHER EMPLOYMENTS. UNDISCLOSED EMPLOYMENT AFFILIATIONS COULD RESULT IN TERMINATION

ORGANIZATIONAL AFFILIATIONS

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

Name	City/State	Current or Past Member
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Name	City/State	Current or Past Member
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Name	City/State	Current or Past Member
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ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? 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.)

Name when arrested	Charge	Place and Department
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Date	Disposition
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Name when arrested	Charge	Place and Department
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Date

Name when arrested	Charge	Place and Department
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Date

DRIVING HISTORY

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

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

Date of Expiration: Restrictions:

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.

Other state and license number

List in detail the traffic tickets you have received in the past fifteen years

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

Have you ever served on active duty in the Armed Forces of the United States? Yes or No Branch

Highest Rank Service # Duty Dates: (From... To...) Discharge Type

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

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

ARE YOU CLAIMING ANY OIF THE FOLLOWING?

____ 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 ____ 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 ____ 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 ____ 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 AND ACQUANTANCES

Personal References: Give references (preferred not relatives, former or present employer) 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 and their occupations. If retired, give former occupation. List especially any persons know that are working for or have worked for, the Town of Lake Placid. 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.

Reference Name	How do we contact the reference	Yrs known	Occupation
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Reference Name	How do we contact the reference	Yrs known	Occupation
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Are you related to anyone who is now or who has ever been employed by the Town of Lake Placid? If yes names and relation.

APPLICANT’S CERTIFICATION OF INFORMATION ENTERED

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.

I am hereby informed that employment with the Town of Lake Placid is “At Will.”

If you are applying 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.

APPLICANT’S SIGNATURE

DATE SIGNED

**EMPLOYMENT CONTACT WAIVER
AUTHORITY FOR RELEASE OF INFORMATION**

To: _____
Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
as entered above

The following applicant has applied for employment in the Town of Lake Placid, Fl.

APPLICANT'S NAME: DATE OF BIRTH: SOCIAL SECURITY NUMBER (Optional):

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: TOWN OF LAKE PLACID, FLORIDA 1069 US
27 North Lake Placid, Fl. 33852

I (Applicant) _____ hereby authorize any Town of Lake Placid representative bearing this release, or copy thereof, to obtain any information in my prior 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.

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.

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.

APPLICANT'S SIGNATURE DATE APPLICANT ADDRESS

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

_____ COMPLETED TOWN EMPLOYMENT APPLICATION

_____ COPY OF YOUR HIGH SCHOOL DIPLOMA (IF APPLICABLE)

_____ COPY OF YOUR SOCIAL SECURITY CARD

_____ COPY OF YOUR DRIVER'S LICENSE

_____ EMPLOYMENT CONTACT WAIVER AUTHORITY FOR RELEASE OF INFORMATION AUTHORITY FOR
RELEASE OF INFORMATION SIGNED AND NOTORIZED PAGE 10

_____ APPLICANT'S CERTIFICATION SIGNED PAGE 9

_____ COPY OF COLLEGE OR ADDITIONAL TRAININGS

_____ Other _____

_____ Other _____

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.