

APPLICATION FOR APPOINTMENT TOWN OF HILLIARD

We are an equal opportunity employer dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status or veteran status.

Date: _____

Are you 18 Years or Older Yes No

Name: _____
Last First Middle

Present Address: _____
Street City State

Permanent Address: _____
Street City State

Phone No: _____ Referred by: _____

Related to Anyone Who Works for the Town of Hilliard, State Name and Department

APPOINTMENT DESIRED

Position: _____ Date You Can Start Salary Desired

Are you employed now? If so, may we inquire of your present employer? _____

Ever applied to the Town of Hilliard before? Position? When?

Are there any days, shifts or hours you will not work? _____

If yes, explain: _____

EDUCATION	Name and Location of School	Degree/Dates Certificate	Subjects Studied	Grade Average
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Grammar School _____

High School _____

College _____

Trade, Business, or Correspondence School _____

Other (including Graduate School) _____

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to, a crime? YES NO

If yes, give details (date, place, offense(s), disposition, etc.)_____

Have you ever been charged with a crime and either been placed on a court ordered probation, had adjudication withheld, or entered a pre-trial intervention program?
 YES NO

If yes, give details (date, place, offense(s) charged, disposition, etc)_____

Have you ever been a defendant in a civil action for intentional tort?
 YES NO

If yes, the nature of the intentional tort and the disposition of the action._____

PREVIOUS EMPLOYMENT: List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages if necessary).

Date Month and Year	Name, Address and Telephone No. of Employer	Position and Job Duties	Salary	Reason for Leaving
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From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

Did you work for any of these employers under a different name?
 YES NO

If yes, which employer(s) and under what name(s)?_____

Please explain any gaps in your employment history_____

Have you received any written reprimands or disciplinary suspensions during any previous employment? YES NO

If yes, please explain: _____

Have you ever been discharged or asked to resign? YES NO

If yes, please explain (include by whom, when and for what). Attach separate page if necessary: _____

DRIVING RECORD

Do you have a valid driver’s license? YES NO

What class of license do you possess? _____

Have you had a suspension or probation of your license within the last five (5) years?
 YES NO

How many speeding or other moving violations have you received in the last three (3) years? _____

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional page if necessary).

DATE	LOCATION	DESCRIPTION	RESULT

REFERENCES: Give below the names of three (3) persons not related to you, whom you have known at least one year.

Name	Address	Business	Acquainted
1. _____			
2. _____			
3. _____			

MILITARY RECORD

Were you in the U.S. Armed Forces? [] YES [] NO

If yes, what Branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to this office? _____

Employment in this office will require a copy of your DD-214.

VETERANS' PREFERENCE

Do you claim veterans' preference?

(CHAPTER 295, Florida Statutes, excludes non-disabled, retired military persons from veterans' preference points)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | YES |
| A) Based on Active duty during wartime or Vietnam era? | [] |
| B) As a veteran with a compensable service connected disability? | [] |
| C)* As the unremarried spouse of a veteran who was killed in action or who died of a service connected disability? | [] |
| D)* As the spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or the spouse of a person missing in action, captured, or forcibly detained by a foreign power? | [] |
| E) Have you used a veterans' preference at any time? | [] |

* You must submit current documentation of your veterans' preference status. Please attach a copy of this verification to this application.

Branch	Date of Entry	Date of Honorable Discharge
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APPOINTMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this appointment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Town of Hilliard to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Town of Hilliard all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Town of Hilliard, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered appointment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day training period. I further understand that my appointment is at the discretion of the Town Council and compensation and appointment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the Town Council or myself. I understand that no supervisor or other representative of the Town of Hilliard has any authority to enter into any agreement for appointment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of work or my continued appointment that I may be required by the Town of Hilliard to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for work, or if I am then working, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Signature of Applicant

Date

BACKGROUND CHECK INFORMATION

In order for the Town of Hilliard to do a background check, please provide the following information:

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Social Security Number _____

Driver's License Number and State _____

Signature of Applicant

Date

NOTE: INFORMATION CONTAINED ON THIS PAGE MAY BE CONFIDENTIAL AND EXEMPT FROM THE PUBLIC RECORDS LAW. PLEASE OBTAIN APPROVAL FROM THE TOWN CLERK BEFORE RELEASING OR COPYING

COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

In accordance with the October 1, 2007 amendment to Florida Statute 119.071(5), the Town of Hilliard is notifying each applicant and employee in writing the following purposes for which the Town of Hilliard collects and uses social security numbers:

Applicants – For the purpose of identification and verification, data collection, background investigations, local and state records checks, education, clarification for duplicate names, drug or physical testing, verification of military service, and verification of employment eligibility. Social Security Numbers will also be used as a unique numeric identifier and may be used for search purposes.

Employees – For the purpose of insurance and worker’s compensation administration, reporting wages to the Internal Revenue Service, Direct Deposit to Banks and/or Credit Unions, Retirement Plan administration, new hire reporting, and other state required forms, identification and verification, data collection, background investigations, local and state records checks, education, clarification for duplicate names, drug or physical testing, reconciliation and processing; and tax reporting. Social Security Numbers will also be used as a unique numeric identifier and may be used for search purposes.

Acknowledgement: I _____, acknowledge that I have read and do understand the above statement.

Applicant/Employee’s Signature

Date

Witness

Date