

**TOWN OF LAKE CLARKE SHORES
APPLICATION FOR EMPLOYMENT**

The Town of Lake Clarke Shores is an Equal Opportunity Employer.

Resumes may not substitute for the complete application. It is the responsibility of the applicant to thoroughly and accurately complete the Application for Employment; insert "N/A" if the question is not applicable. Incomplete applications may disqualify an applicant from consideration. **Please type or print clearly.** Applications are accepted only for advertised positions.

In accordance with the provisions of the Americans with Disabilities Act, please notify the Human Resources Department at 561-964-1515 in advance if you require special accommodations to participate in the employment application process.

Position applying for: _____

How did you learn about this position: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Do you have a valid driver's license? Yes No Type & Class: _____

Are you legally eligible for employment in the United States? Yes No

Were you previously employed by the Town of Lake Clarke Shores? Yes No

If yes, please provide position title(s), department(s) dates of employment and reason for leaving.

Have you applied for a position with the Town of Lake Clarke Shores before? Yes No

Do you have any relative(s), either by blood or by marriage, employed by the Town of Lake Clarke Shores? Yes No

If yes, provide the employee name, relationship and department: _____

EDUCATION

High School

Name: _____ Location: _____ Course of Study: _____

Years Completed: _____ Degree/Diploma Received: _____

Certifications/Business/Trade

Name: _____ Location: _____ Course of Study: _____

Years Completed: _____ Degree/Diploma Received: _____

College

Name: _____ Location: _____ Course of Study: _____

Years Completed: _____ Degree/Diploma Received: _____

Graduate/Ph.D

Name: _____ Location: _____ Course of Study: _____

Years Completed: _____ Degree/Diploma Received: _____

EMPLOYMENT HISTORY

List below present and past employment, full time and part time, beginning with your most recent employment. If additional space is needed, please attach a separate page.

Job Title: _____ Employer: _____ Phone: _____

Address: _____ Supervisor: _____ Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact this employer: Yes No

Job Title: _____ Employer: _____ Phone: _____

Address: _____ Supervisor: _____ Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact this employer: Yes No

Job Title: _____ Employer: _____ Phone: _____

Address: _____ Supervisor: _____ Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact this employer: Yes No

REFERENCES

Provide the names of two persons not related to you.

Name: _____ Phone: _____ Email: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Phone: _____ Email: _____

Relationship: _____ Years Acquainted: _____

MISCELLANEOUS

If you are/were known by any other name(s) with previous employers or while attending school, please list each of those names:

Please explain any gaps in your employment history: _____

Have you ever been fired, discharged, removed or dismissed from any position at any time?

Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please provide additional information. A conviction record will not necessarily be a bar to employment. The nature of the crime, the time elapsed, and the nature of the job will be taken into consideration. However, failure to answer accurately and fully or failure to disclose requested details on this application form will be counted as an omission of relevant facts and will be grounds for disqualification from consideration or revocation of a job offer if recommended for hire.

Provide the names of any organizations, professional or trade groups of which you are a member that have any direct bearing on your qualifications for the position you are seeking.

List any knowledge, skills, abilities, or qualifications you possess and believe relevant to the position you seek, such as special skills, computer programs, equipment, tools, etc.

Are you claiming veteran preference? If so, you must submit FDVA form VP-1 and a copy of your DD-214 to this application. Otherwise, your claim will not be considered.

Yes No

**APPLICANT STATEMENT AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION, AND ACCOMPANYING RESUME IF PROVIDED, ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION OF INFORMATION BY ME SHALL SERVE AS A BASIS FOR DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT OR TERMINATION OF MY EMPLOYMENT WITH THE TOWN OF LAKE CLARKE SHORES. I FURTHER UNDERSTAND THAT UNLESS THIS APPLICATION IS COMPLETED IN DETAIL, IT WILL NOT BE CONSIDERED.

I hereby give my consent to the Town of Lake Clarke Shores to investigate and verify any information provided on this application form and successive documents completed for the purpose of employment consideration. All applicants shall be subject to a criminal background check. I consent to have background checks, pre-employment physical examinations, drug testing, reference checks and any other necessary investigations undertaken to determine my suitability for employment.

I hereby authorize any representative of the Town of Lake Clarke Shores, bearing this release, or copy hereof, to obtain any information in my files pertaining to my educational background, attendance, employment history and disciplinary records.

I hereby release any person who provides personnel file or applicant information pertaining to me from all claims of liability that might otherwise result from such information. I hereby release the Town of Lake Clarke Shores or its employees from any and all liability for damages resulting from reference checks and background checks associated with this application. I am further aware and understand that the Town of Lake Clarke Shores requires its employees to adhere to numerous policies, rules, regulations and procedures.

I voluntarily agree to abide by all Town policies if I am hired by the Town of Lake Clarke Shores. I further declare that if I am employed by the Town of Lake Clarke Shores, and thus a recipient of public funds, I affirm I will support the Constitution of the United States and the State of Florida.

Applicant Signature: _____

Date: _____

Full Name of Applicant: _____

Last Revised 09/2021