

TOWN OF MONTERAHE

Employment Application



APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Desired Salary	
Position Applied for				
When is the best time to contact you at home?		___:___	AM PM	
If you are under 18 years of age, can you provide required proof of your eligibility to work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the Town?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been terminated or asked to resign from any prior employment?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been terminated or disciplined for taking things of value from a previous employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Are you available to work:		<input type="checkbox"/> Full Time	(Please indicate 1 2 3 shift)	
		<input type="checkbox"/> Part Time	(Please indicate Mornings Afternoon Evenings)	
		<input type="checkbox"/> Temporary	(Please indicate dates available ___/___/___)	
Can you travel if a job requires it?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you currently use illegal drugs?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been arrested for; convicted of; pled guilty to; pled no contest (nolo contendere) to; had adjudication withheld for; paid a fine for; performed community service for any felony, misdemeanor or any offense for crimes involving dishonesty, breach of trust, controlled substances, violence, sex or damage to property? Include any pending or unresolved charges.		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give detailed explanations.

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

COMMENTS: INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT

DESCRIBE ANY SPECIALIZED TRAINING, SKILLS AND EXTRA-CURRICULAR ACTIVITIES

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience*

SPECIALIZED SKILLS (COMPUTER, SOFTWARE, TYPING SPEED, ETC)

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

CONDITIONS OF EMPLOYMENT AND SIGNATURE

I agree to be electronically fingerprinted as part of the application process. The Town of Windermere also reserves the right to check my credit record as part of the application process. I understand that consumer credit reports or criminal records may be obtained, and authorize the Town of Windermere to obtain such reports and records.

I voluntarily agree to submit to a drug test as part of the application process. I understand that refusal to submit to or pass the test will disqualify me from further consideration for employment.

I understand that employment, if offered, is subject to my satisfying the employment and eligibility requirements of the Immigration Reform and Control Act of 1986.

If I am employed by the Town of Windermere, I will comply with all rules, regulations and directives. I further understand that these rules and regulations may be changed, interpreted, withdrawn or added to by the Town of Windermere at any time, at the Town's sole option and without any prior notice to me.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this Town.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I have read in full and agree to abide by the above statements and conditions of employment if hired.

Electronic Signature Authorization. By checking this box I acknowledge that the electronic submittal of this application is the same as submitting a signed application. I further certify that all information contained herein is true and accurate information, and that I have read the application carefully.

Print Name _____

Signature _____

Date _____