

Town of Howey-in-the-Hills Human Resources 101 N. Palm Avenue Post Office Box 128 Howey-in-Hills, FL 34737 P: 352-324-2290

FAX: 352-324-2126 WWW.HOWEY.ORG

HOWEY-IN-THE-HILLS EMPLOYMENT APPLICATION

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ADDI	(STREET) (CITY) (STATE)	(ZI	IP)
			YES NO
1.	ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?	1.	. = 0
2.	Do you have proof of age if under 18 years of age?	2.	
3.	HAVE YOU PREVIOUSLY FILED AN APPLICATION WITH THE TOWN?	3.	
٠.	IF YES, PLEASE SUPPLY DATES.	3.	
4.	HAVE YOU EVER BEEN EMPLOYED BY THE TOWN?	4.	
	IF YES, PLEASE SUPPLY DATES.	4.	
5.	Do you have relatives employed by the Town?	5.	
	IF YES, PLEASE GIVE NAME & RELATIONSHIP.	J.	
6.	ARE YOU CURRENTLY EMPLOYED?	6.	
7.	MAY WE CONTACT YOUR CURRENT EMPLOYER?	7.	
8.	ARE YOU ON "LAY-OFF" STATUS SUBJECT TO RECALL?	8.	
9.	HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME? IF YES, PROVIDE NAMES.		
٥.		9.	
10.	HAVE YOU HAD ANY MOVING TRAFFIC VIOLATIONS IN THE PAST FIVE YEARS?	10.	
	IF YES, PLEASE SUPPLY DATES, LOCATION AND DESCRIPTION OF EACH SUCH MOVING VIOLATION.	10.	
	HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL VIOLATION OF LAW?		
11.	TIAVE TOO EVER BEEN CONVICTED OF ANT CRIMINAL VIOLATION OF LAW!	11.	
	FOR PURPOSE OF THIS QUESTION A PLEA OF GUILTY, NO CONTEST, OR NOLO CONTENDERE, EVEN IF ADJUDICATION WAS WITHHELD, IS A CONVICTION. (A CONVICTION DOES NOT AUTOMATICALLY MEAN YOU CANNOT BE APPOINTED.)		
12.	HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM EMPLOYMENT?	12.	
	IF YES, EXPLAIN FULLY EACH OCCASION OF DISCHARGE OR RESIGNATION. (ADDITIONAL PAGES MAY BE USED)	12.	
13.	DO YOU HAVE A VALID FLORIDA DRIVER'S LICENSE?	13.	
14.	How did you learn about us? Friend/Relative/Newspaper/Professional Trade Magazine		
	ADVERTISEMENT/WALK-IN/OTHER (PLEASE LIST)?		
Posi	TION DESIRED		
	FULL TIME PART-TIME TEMPORARY	SUMMER	
IF A	OB REQUIREMENT, WHICH WILL YOU BE ABLE TO WORK: SATURDAY SUNDAY HOURAY NIGHTS OVERTIME VARIOUS SUIFTS		
	SATURDAY SUNDAY HOLIDAY NIGHTS OVERTIME VARIOUS SHIFTS		
Posi	rion(s) Requested		

(A DESCRIPTION OF THE ACTIVITIES INVOLVED IN SUCH A JOB IS AVAILABLE.) PROFESSIONAL LICENSES/CERTIFICATION DRIVER LICENSE NO. CLASS (CHECK ONE) A B C E EXPIRATION DATE SPECIFIC SKILLS LIST VEHICLES/EQUIPMENT YOU CAN OPERATE: PROGRAM BEGINNER INTERMEDIATE ADVANCED WORD EXCEL OUTLOOK TYPING SPEED (WPM)	DATE AVAILABLE TO WORK												
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										HOOKS	HOURS	LAINED	
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.	DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.												
	STATE ANY	/ ADDI	ITIONA	L INFORMATION	YOU FEI	EL MAY	BE HELF	PFUL TO US IN C	ONSIE	ERING YOUR A	PPLICATION.	_	

WORK HISTORY

Please provide the following information for your last 5 employers going back at least 10 years. (You may also list any volunteer experience you have had that relates to the job for which you are applying.) You may use additional paper if you need more space to answer questions. You must answer all questions for your application to be considered.

PRESENT EMPLOYER:	DATES FROM:
ADDRESS AND PHONE NO:YOUR JOB	
TITLE:	
DUTIES IN DETAIL:	Number of hours/wk
DOTTES IN DETAIL.	HOURLY RATE OR ANNUAL
	Salary
REASON FOR LEAVING:	\$
	DATES
PRESENT EMPLOYER:	
Address and Phone No:	
YOUR JOB	 F/T P/T
TITLE:	
DUTIES IN DETAIL:	
	HOURLY RATE OR ANNUAL
REASON FOR LEAVING:	——————————————————————————————————————
DREVIOUS EMPLOYED:	DATES FROM:
PREVIOUS EMPLOYER:	
ADDRESS AND PHONE NO:	To:
YOUR JOB	F/T P/T
	Number of hours/wk
DUTIES IN DETAIL:	Harris Burn on Assess
	HOURLY RATE OR ANNUAL SALARY
REASON FOR LEAVING:	
PREVIOUS EMPLOYER:	DATES FROM:
Annual III	T∩·
YOUR JOB	
TITLE:	
DUTIES IN DETAIL:	Number of hours/wk
	HOURLY RATE OR ANNUAL
DEAGON FOR LEAVING.	SALARY
REASON FOR LEAVING:	\$

Previous Employer:	DATES FROM:
	To:
Address and Phone No:	F/T P/T
TITLE:	<u> </u>
DUTIES IN DETAIL:	Number of Hours/WK
	HOURLY RATE OR ANNUAL
REASON FOR LEAVING:	SALARY \$
MILITARY SERVICE RANK	
ACTIVE RESERVE	
VETERAN'S PREFERENCE GIVEN NON INITIAL HIRE-QUALIFY? YES NO	
CHECK THE APPROPRIATE BLOCK IF YOU ARE CLAIMING VETERAN'S PREFERENCE. DOCUMENTATION BE FURNISHED AT THE TIME OF APPLICATION, I.E., DD214, CERTIFICATE OF SERVICE RELATED DIETC. 1. A VETERAN WITH A COMPENSABLE SERVICE-CONNECTED DISABILITY OR RECEIVING CONNECTED BENEFITS OR PENSION UNDER PUBLIC LAWS ADMINISTERED BY THE U.S. VETERANS ADMINISTER BY THE U.S. VE	SABILITY, EVIDENCE OF MARRIAGE, OMPENSATION, DISABILITY RETIREMENT
OR OR	
 THE SPOUSE OF A VETERAN WHO CANNOT QUALIFY FOR EMPLOYMENT BECAUSE CONNECTED DISABILITY, OR THE SPOUSE OF A PERSON MISSING IN ACTION, CAPTURED POWER, 	
OR OR	
3. A VETERAN OF ANY WAR WHO HAS SERVED ON ACTIVE DUTY FOR 181 CONSECUTIVE 180 CONSECUTIVE DAYS OR MORE SINCE JANUARY 1955 AND WHO WAS DISCHARGED HONORABLE DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES OF AMER PERFORMED DURING A WARTIME ERA. ACTIVE DUTY FOR TRAINING IS NOT ALLOWABLE, OR	OR SEPARATED THERE FROM WITH AN
4. A VETERAN OF THE PERSIAN GULF WAR BEGINNING AUGUST 2,1990, WHO SERVED PERIOD,	AT LEAST ONE DAY DURING A WARTIME
OR 5, THE UNREMARRIED WIDOW OR WIDOWER OF A VETERAN WHO DIES OF A SERVICE CONN	ECTED DISABILITY.
BRANCH OF SERVICE DATE OF ENTRY DATE OF	DF DISCHARGE
Have you claimed and been employed through Veteran's Preference since October 1, 1977?	Yes No
IF YES, GIVE NAME OF EMPLOYER:	

NOTE: Under Florida Law, preference in appointment and employment shall be given, by the state and its political subdivision, first to those persons in 1 and 2 above, and second to those persons included under 3, 4 and 5 above. If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the florida department of veteran's affairs, Mary Grizzle Bldg, Room 311-K, 11351 Ulmerton Road, largo, fl. 33778. The complaint must be filed within 21 calendar days

OF THE APPLICANT RECEIVING NOTICE OF THE HIRING DECISION MADE BY THE EMPLOYING AGENCY OR WITHIN THREE MONTHS OF THE DATE THE APPLICATION IS FILED WITH THE EMPLOYER IF NO NOTICE IS GIVEN.

CERTIFICATION

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT, OMISSION OR FALSIFICATION OF FACTS SHALL CAUSE FORFEITURE OF ALL RIGHTS TO EMPLOYMENT WITH THE TOWN OF HOWEY-IN-THE-HILLS. THE TOWN OF HOWEY-IN-THE-HILLS IS AUTHORIZED TO VERIFY ANY OR ALL INFORMATION CONTAINED HEREIN. I UNDERSTAND THAT EMPLOYMENT WITH THE TOWN MAY BE CONDITIONED UPON A FAVORABLE PRE-EMPLOYMENT MEDICAL EXAMINATION AND SUCH FUTURE EXAMINATIONS AS REQUIRED WHICH ARE CONDUCTED BY A DOCTOR SELECTED AND PAID FOR BY THE TOWN. I UNDERSTAND THAT THE USE OF NARCOTICS AND ALCOHOL IS STRICTLY PROHIBITED AT THE TOWN. I UNDERSTAND THAT IF THE TOWN HAS A REASONABLE SUSPICION TO BELIEVE THAT I AM UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE, NARCOTICS AND/OR NON-PRESCRIBED DRUGS, OR IF I AM INVOLVED IN A SERIOUS ACCIDENT, THAT I MAY BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND/OR DRUG SCREEN TEST (BLOOD OR URINALYSIS) TO BE PERFORMED BY A DULY LICENSED MEDICAL DOCTOR OR FACILITY. I ALSO UNDERSTAND THAT REFUSAL TO TAKE SUCH A TEST WILL RESULT IN IMMEDIATE SUSPENSION OR DISCHARGE OF MY EMPLOYMENT. I UNDERSTAND THAT THIS APPLICATION MAY BE SUBJECT TO PUBLIC INSPECTION IN ACCORDANCE WITH THE FLORIDA PUBLIC RECORDS LAW, CHAPTER 119, FLORIDA STATUTE. I CERTIFY I HAVE READ THE ABOVE STATEMENT.

THE TOWN OF HOWEY-IN-THE-HILLS IS AN EQUAL OPPORTUNITY EMPLOYER IN COMPLIANCE WITH LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF RACE, COLOR, SEX, AGE, MARITAL STATUS, RELIGION, NATIONAL ORIGIN OR DISABILITY.					
SIGNATURE	Date				
In case of Emergency Notify (Name, Relationship, Address, Phone No.)					