



APPLICATION FOR EMPLOYMENT

• 2 BRIDGE ROAD • HOBE SOUND, FLORIDA 33455 •

PLEASE READ CAREFULLY

NOTICE AND AUTHORIZATION TO PROCURE CONSUMER REPORT

The Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.* ("the Act"), requires that employers inform job applicants in a clear, conspicuous, separate disclosure of the prospective employer's intent to obtain a consumer report on the applicant. The Act further requires that the job applicant give his or her written authorization so that the Town of Jupiter Island ("Town") can obtain a consumer report.

Therefore, in keeping with the notice and authorization requirements of the Act, I _____, acknowledge that I have been informed through this disclosure statement that the Town intends to obtain a consumer report concerning me now and, if hired, may obtain a consumer report at anytime during the course of my employment, and I give my consent to obtain these reports.

When contacted by the Town, I authorize consumer reporting agencies to furnish to the Town and/or its agents or representatives any information they have concerning me. I understand that the Town shall treat this information in a confidential manner. I further understand that the Town will rely on the information contained in my report to determine my suitability for employment and that the Town is not liable for failing to employ me based upon reliance on information contained in the report.

Before the Town may take any adverse action based in whole or in part on the consumer report obtained concerning me, the Town shall provide me a copy of the report and a description in writing of the rights of the consumer as prescribed by the Federal Trade Commission under section 609(c)(3).

Print Name

Social Security Number

Signature of Applicant

Date

December 2017

**TOWN OF JUPITER ISLAND
APPLICATION FOR EMPLOYMENT**

The Town of Jupiter Island ("Town") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital, genetic information, veteran or other protected status.

INSTRUCTIONS: Please print. Answer each question accurately and completely; do not refer to or attach a resume to this Application. Print "n/a" in any space that does not apply to you. Incomplete applications or applications providing additional non-requested information are considered withdrawn and will not be considered.

Position applied for _____ Date _____

Last Name _____ First _____ M.I. _____

Current Address _____ City _____ State _____ Zip _____ How Long? _____

Previous Address _____ City _____ State _____ Zip _____ How Long? _____

Home Phone # (____) _____ Cell Phone # (____) _____

E-mail address _____ Social Security # _____

Are you 18 years of age or older? Yes No Are you available for full time employment? Yes No

Have you ever applied with the Town? Yes No
If yes, when? _____

For which job did you apply? _____

Have you been previously employed by the Town? Yes No
If yes, when? _____

In which job(s) were you employed? _____

Give names and positions of any relatives, including in-laws, who work for the Town or are current Commissioners: _____

Please indicate hours and shifts or days you will not work: _____

What are your salary requirements? _____

List any job related skills or qualifications including computer skills that support your application: _____

Have you ever been convicted of, plead guilty or *nolo contendere* to a crime or have you ever been involved in a case that resulted in an adjudication withheld or *nolle prosequi*? Yes No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge? Yes No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition): _____

***Note: Conviction of a crime will not necessarily disqualify you from employment. Each conviction will be judged on its own merit with respect to time and job relatedness.**

EDUCATION

| Level | Name City & State | Major | Circle Highest Grade Completed | Degree/ Diploma/GED |
|-------------|----------------------|-------|-----------------------------------|------------------------|
| High School | | | 9 10 11 12 | |
| College | | | 1 2 3 4 | |
| Other | | | 1 2 3 4 | |

Professional Licenses: _____

Do you have any special computer or technical skills and training? _____

EMPLOYMENT

(List all employment since high school, the most recent job first. Attach additional sheets if necessary. Include any gaps in employment, e.g., periods of unemployment or self-employment, etc.)

| Dates Employed mo/yr-mo/yr | Business Name & Address | Phone # | Position/ Supervisor | Reason for Leaving | Start & End Salary |
|-------------------------------|-------------------------|---------|-------------------------|--------------------|--------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

May we contact your present employer? Yes No

If you answered "No", please explain: _____

Have you ever been discharged or requested to resign from a position? Yes No

If so, explain: _____

PROFESSIONAL REFERENCES

(List three professional references who are not your relatives or former employers)

| Name | Address | Phone # | Occupation | Years Known |
|------|---------|---------|------------|-------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

PLEASE READ CAREFULLY

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

I understand that the Town of Jupiter Island ("Town") will attempt to verify statements made on my application and made during my employment interview. When contacted by the Town, I give permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. In consideration of the Town's review of this application, I release the Town and all former employers from any liability as a result of furnishing and receiving this information.

I authorize personal references as well as other persons, companies, municipalities, corporations, schools, and law enforcement agencies to furnish to the Town and/or its agents any information they have concerning me. I understand that false, incomplete or misleading statements or omissions on this application or any other employment form, whether pre- or post- employment, may be considered sufficient cause for dismissal, if and when discovered. For these purposes, all materials that I submit to the Town are considered employment forms. I understand that the use of this application does not indicate there are positions open and does not in any way obligate the Town.

In addition, I understand that:

- I may be required to submit to drug testing or medical evaluations now or, if hired, at any time in the future and I agree to such testing. My failure or refusal to undergo such testing will result in the withdrawal of my application or my separation.
- An offer of employment will depend upon the Town's ability to verify my employment eligibility.
- If hired, I must conform to the Town's rules; I am an at-will employee; my employment does not guarantee a position for any length of time; and, I may be required to work overtime, weekends or holidays. No one other than the Town Manager can make any other agreements.
- If disabled and I need an accommodation, I should inform the Town Clerk and engage in an interactive dialogue to determine the best course of action.
- If hired, confidential information (all non-public information about the Town and its residents) may be available to me and this shall not be disclosed to any unauthorized personnel.
- By signing below I am waiving certain rights regarding this application process: my right to a jury trial to resolve any lawsuit arising out of this process; and, my right to participate as a member or representative of a class of similarly situated individuals in any class or collective action lawsuit arising out of this process.

I understand that my failure to sign this form will be considered a withdrawal of my application for employment.

Complete Signature of Applicant

Date

Due to the volume of applications received, the Town may not interview every applicant. In the event you are selected for an interview, the Town will contact you.

Applications will not be considered active after 90 days from the date of this application.

December 2017

VETERANS' PREFERENCE

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the Veterans' Preference categories.

1. 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. Department of Veterans' Affairs and the Department of Defense, **or**
2. 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**
3. A wartime veteran as defined in Section 1.01(14), F.S., who has served in active duty during a specified wartime period for at least 1 day in a campaign or expedition for which a campaign badge has been authorized, including any armed forces expeditionary medal or the global war on terrorism medal, or during one of the specified periods of wartime service; however, active duty for training is not allowed for eligibility, **or**
4. The unremarried widow or widower of a veteran who died of a service-connected disability; **or**
5. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the Department of Defense; **or**
6. A veteran as defined in Section 1.01(14), F.S., who has served in active duty as specified; however, active duty for training is not allowed for eligibility; **or**
7. A current member of any reserve component of the United States Armed Forces or the Florida National Guard.

A **DD214** or comparable document which serves as a certificate of release or discharge **must be furnished at the time of application**. In addition, certain applicants must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in Florida Statutes § 1.01. Under Florida law, preference in appointment shall be given to those persons in categories 1 and 2 and then those in categories 3 through 7.

If a qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 9500 Bay Pines Blvd., St. Petersburg, Florida 33744. A complaint must be filed within 60 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? _____

(Please indicate number from Veterans' Preference Information section above.)

HAVE YOU EVER BEEN EMPLOYED BY THE TOWN?

Yes No

ARE YOU A RESIDENT OF THE STATE OF FLORIDA?

Yes No

NOTE: If you are claiming Veterans' Preference you **must** meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

Printed Name

Date

Signature

PUBLIC RECORDS EXEMPTION REQUEST

Florida law allows eligible persons and their employing agencies to request in writing that a non-employing agency maintain as exempt from public disclosure certain identification and/or location information contained in records within the agency's custody. To request the exemption for records held by this agency, please complete this form and return it to Human Resources.

If your spouse and/or children are subject to your exemption (not applicable for victim* of battery, abuse, harassment, or stalking), please check here and attach a page with the name, date of birth, and relationship of each to assist in identifying them in any public records within the custody of the agency.

I hereby request an exemption under F.S. §§ 119.071 or 741.465 based on the following category/categories for which I qualify:

- | | |
|---|---|
| <p><input type="checkbox"/> Code Enforcement Officer (current or former).</p> <p><input type="checkbox"/> Dept. of Business and Prof. Reg. investigators and inspectors (current or former).</p> <p><input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities.</p> <p><input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect.</p> <p><input type="checkbox"/> Dept. of Health personnel whose duties include, or result in, the determination/adjudication of eligibility for social security disability benefits, investigation/prosecution of complaints filed against health care practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health (current or former).</p> <p><input type="checkbox"/> Dept. of Financial Services personnel (Sworn and Nonsworn Investigators) whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations (current or former).</p> <p><input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement.</p> <p><input type="checkbox"/> Emergency medical technicians or paramedics certified under chapter 401, F.S. (current or former).</p> <p><input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S. (current or former).</p> <p><input type="checkbox"/> Guardian ad litem (current or former) as defined in s. 39.820, F.S.</p> <p><input type="checkbox"/> Human resource, labor relations, or employee relations director; assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties (current or former).</p> <p><input type="checkbox"/> Impaired practitioner consultant, retained by an agency, whose duties result in determination of person's skill and safety to practice licensed profession (includes consultant's employees) (current or former).</p> <p><input type="checkbox"/> Justice of Florida Supreme Court, judge of district court of appeal, circuit court, or county court (current or former).</p> | <p><input type="checkbox"/> County Tax Collector (current only).</p> <p><input type="checkbox"/> Inspector General or internal audit dept. personnel whose duties include auditing/investigating waste, fraud, abuse, theft, exploitation, or activities that could lead to criminal prosecution or administrative discipline (current or former).</p> <p><input type="checkbox"/> General/special magistrate, judge of compensation claims, administrative law judge of the Div. of Admin. Hearings, and child support enforcement hearing officer.</p> <p><input type="checkbox"/> Juvenile probation officers, juvenile probation supervisors, detention superintendents, asst. detention superintendents, juvenile justice detention officers I/II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I/II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, sr. human services counselor administrators, rehabilitation therapists, and social services counselors of the Dept. of Juvenile Justice (current or former).</p> <p><input type="checkbox"/> Sworn or Civilian Law enforcement personnel, including correctional officers and correctional probation officers.</p> <p><input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor or assistant statewide prosecutor) (current or former).</p> <p><input type="checkbox"/> Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel).</p> <p><input type="checkbox"/> Current or former member of U.S. Armed Forces, reserve component of U.S. Armed Forces, or National Guard who served after 9/11/2001.</p> <p><input type="checkbox"/> U.S. or Assistant U.S. Attorney, U.S. appellate judge, U.S. district judge, or U.S. magistrate judge (current or former).</p> <p><input type="checkbox"/> Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence— Please attach official verification that crime occurred—Exemption for 5 years from date of this request.</p> <p><input type="checkbox"/> Other (list applicable statute _____).</p> |
|---|---|

Printed Name: _____ Date of Birth: _____ Phone Number: _____

Home Address: _____

Signature of Requester: _____ Date: _____