



APPLICATION FOR EMPLOYMENT

• P.O. Box 7 • Hobe Sound, Florida, 33475 •

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 or other protected status.

INSTRUCTIONS: ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. PLEASE PRINT. Print "N/A" in any space that does not apply to you. INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING ADDITIONAL NON-REQUESTED INFORMATION ARE CONSIDERED WITHDRAWN.

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: _____

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

What are your salary requirements? _____

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

Do you wish to claim Veterans' Preference? Yes No

If yes, you must to furnish a DD214 or equivalent documentation and complete the "Veterans' Preference Form."
(Please ask the Human Resources Representative to whom you submit your application for this form.)

Have you ever been convicted of, or plead guilty, *nolle prosequi* or *nolo contendere* to a crime? 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 for employment. Each conviction will be judged on its own merit with respect to time and job relatedness.**

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

If so, explain : _____

EDUCATION

Level	Name	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

(If you are applying to drive a Commercial Vehicle, you may omit this section. List all employment since high school, the most recent job first. Attach additional sheets if necessary. Include periods of unemployment, self-employment and military service.)

Dates Employed mo/yr-mo/yr	Company Name & Address	Phone #	Position/ Supervisor	Reason for Leaving	Start & End Salary
1.					
2.					
3.					
4.					

May we contact your present employer? Yes No

If you answered "No", please explain: _____

PERSONAL REFERENCES

(Do not list relatives or previous employers)

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

PLEASE READ CAREFULLY

**JOB APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION
TO RELEASE EMPLOYMENT REFERENCE INFORMATION**

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. Nonetheless, 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 the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so that the Town can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

I understand that the Town requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment form may be considered sufficient cause for dismissal, if and when discovered. The use of this application does not indicate there are positions open and does not in any way obligate the Town.

I authorize personal references as well as developed references, other persons, companies, corporations, schools, and law enforcement agencies to furnish to the Town and/or its agents or representatives any information they have concerning me. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation. I understand that prior to obtaining any information from a credit reporting service, the Town must first obtain my written consent in a disclosure separate from this application. I understand that the Town shall treat all this information in a confidential manner.

I understand that if I am employed by the Town, I must conform to the rules of the Town. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that the Town has a similar right. I understand my employment by the Town does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when required by the Town. I understand that no one other than the Town Manager has the authority to make any other agreement.

I understand that I may be required to submit to drug testing now or at any time in the future and I agree to such testing. I also understand that I may be required to submit to a medical evaluation. Moreover, I understand that my failure or refusal to undergo such testing will result in the withdrawal of my employment application.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon the Town's ability to verify this necessary information.

I understand that if I am hired, confidential information regarding the Town, and/or its customers and employees, may be available to me and that this information must not be disseminated or used except for the Town's benefit. If employed, I agree to keep all information about the Town, including, such information regarding its business methods, customers and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without the Town.

Complete Signature of Applicant

Date

Thank you for completing this application form and for your interest in employment with us. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you.

Applications will not be considered active after 90 days from date of application unless renewed, in writing, by the applicant at this location.

INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING ADDITIONAL NON-REQUESTED INFORMATION ARE CONSIDERED WITHDRAWN AND WILL NOT BE CONSIDERED.

January 2008

PLEASE READ CAREFULLY

**EMPLOYER'S DISCLOSURE OF INTENT TO PROCURE
CONSUMER REPORT ON JOB APPLICANT &
JOB APPLICANT'S AUTHORIZATION TO OBTAIN 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
[Applicant's Name]
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

**TOWN OF JUPITER ISLAND
VETERANS' PREFERENCE FORM**

Claim for Preference as a Veteran will be allowed in accordance with Florida Administration Code 55A-7 and Fla. Stat. § 295.07. Original DD214 must be presented at time of application.

Dates of Active Duty: From: ___/___/___ To: ___/___/___

Please indicate type of discharge:

Honorable

Dishonorable

Other

Explain _____

Are you a disabled Veteran?

Yes

No

If yes, what is your VA disability rating? _____ %

Are you a resident of the State of Florida? Yes

No

Note: In support of your claim for additional preference as a disabled veteran, it is your responsibility to furnish adequate proof of your disability, a disability letter from the U.S. Department of Veterans' Affairs dated within the last twelve months, at the time of application.

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. To claim Veterans' Preference, circle the appropriate numbered item below; please circle only one.

1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.
4. The unremarried widow or widower of a veteran who died of a service-connected disability.
5. A veteran who has served in a campaign or expedition for which a qualifying campaign badge or expeditionary medal has been authorized (including any armed forces expeditionary medal or the global war on terrorism medal).

A DD214 or comparable document which serves as a certificate of release **must be furnished at the time of application**. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in Fla. Stat. § 1.01. Under Florida law, preference in appointment, employment and retention shall be given first to those persons included in categories 1 and 2 above, and second to those persons included in categories 3, 4 and 5, provided such persons possess the minimum qualifications necessary to the discharge of the duties involved. Veterans' Preference is only available to Florida residents.

If eligible, which Veterans' Preference category are you claiming?

CERTIFICATION BY APPLICANT: I understand that according to applicable Florida law, I must submit the required documentation in support of my claim for the veteran's preference **AT TIME OF APPLICATION**.

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant _____ Date _____