

# EMPLOYMENT APPLICATION



Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application. **NOTE:** This application was designed for use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions. **Note: If applying for a Fire Department position, per Florida State Statute, only non-users of tobacco products for the 12 months prior to application date will be considered for employment.**

### I. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Phone ( )
Town	State	Zip	Business Phone ( )
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain:			If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If required for the position, do you have a valid Florida driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" name:			
Are you able to perform the essential functions of the position as listed and described with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, date and disposition of the case: (Convictions will not necessarily disqualify you for the position)			

### II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days and hours available for work		
How were you referred to our Town? <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Walk-in			

### III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade Completed	Did you Graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

### IV. SKILLS - If Applicable for Position for Which You Are Applying

Typing speed wpm	10 key by touch <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Languages <input type="checkbox"/> Yes <input type="checkbox"/> No (indicate language and proficiency to speak, read and write)
Computer Skills (Indicate software used)		
Other Skills		
Do you have any experience, training, qualifications or special skills which you think make you especially suited for work at this Town? (Explain)		

concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

**V. EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)**

<b>1</b>	Company Name		Phone ( )		From Mo./Yr.	To Mo./Yr.	
	Street Address		Town	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Company Name		Phone ( )		From Mo./Yr.	To Mo./Yr.	
	Street Address		Town	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Company Name		Phone ( )		From Mo./Yr.	To Mo./Yr.	
	Street Address		Town	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**VI. ACKNOWLEDGMENT**

*Please read carefully, initial each paragraph, and sign below*

Initial	The State of Florida is classified as an employment at-will State meaning that the terms of employment may be changed with or without notice, with or without cause, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work. I acknowledge that my employment at the Town of Montverde (the Town) is at-will. I have entered into my employment with the Town voluntarily, and acknowledge that there is no agreement or contract, express or implied, between the Town and me for continuing or long-term employment. While supervisors and managers have certain hiring authority, no supervisor or manager or representative of the Town has any authority to alter the at-will relationship.
Initial	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organization, including consumer/credit reporting agencies to provide the Town with relevant information and opinion, personal or otherwise, including access to and obtaining copies of personnel records that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
Initial	The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Town Manager, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.
Initial	In consideration of employment, I agree to obey the policies, rules and standards of the Town. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Town and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Town. This constitutes my entire agreement with the Town with regard to the length of my employment.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am unable to perform my job without endangering others or myself at any time during my employment, I may be required to take an alcohol/drug test.
Initial	I am able to perform the essential functions of the position with or without a reasonable accommodation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.
Initial	This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.
Initial	Fire Department applicants only: I hereby state that I have been a non-user of tobacco products during the twelve (12) month period prior to the date of this application.

Applicant Signature:	Date:
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**This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications**