

# EMPLOYMENT APPLICATION



409 Fennell Blvd  
Lady Lake, FL 32159  
Ph: 352-751-1505  
Fax: 352-751-0230  
Website: [www.ladylake.org](http://www.ladylake.org)

*Equal Opportunity Employer  
Drug Free Workplace*

*FOR HR Purposes ONLY-*  
Received Date: \_\_\_\_\_  
DD214 \_\_\_\_\_ # \_\_\_\_\_

The Town of Lady Lake is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, marital status or any other characteristic protected by law.

**DRUG-FREE WORKPLACE POLICY:** The Town of Lady Lake is a Drug-Free Workplace in accordance with Fla. Stat. §§ 440.101 and 440.102. Applicants and employees may be required to submit to drug testing at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; (4) return to duty and (5) follow up on routine fitness for duty. Additionally, drug and alcohol testing of employees holding CDL is conducted per Federal Law and Regulation 49 CFR Part 382.103/107.

**APPLYING FOR THE POSITION OF:** \_\_\_\_\_  
(PLEASE NOTE: Applications are only accepted for positions that are currently open. A separate application must be submitted for each position.)

## PERSONAL INFORMATION

(Please Print Legibly)

\_\_\_\_\_  
Last Name First Name Middle Initial

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Telephone Number Alternate Telephone Number

\_\_\_\_\_  
Present Mailing Address

\_\_\_\_\_  
City State Zip Code

1. Have you filed an application here before?  Yes  no  
If yes, when? \_\_\_\_\_
2. Have you been previously employed here?  Yes  no
3. If yes, when? \_\_\_\_\_
4. Town employees may be required to report to work during disasters such as hurricanes, etc. Do you have an issue meeting this requirement? \_\_\_\_\_  
If so, please provide details: \_\_\_\_\_
5. Are you currently employed?  Yes  no
6. If yes, may we contact your employer?  Yes  no
7. Do you have a valid Drivers License?  yes  no  
Driver's License Class type:  A  B  C  E  
Driver's License #: \_\_\_\_\_
8. Has your Driver's License ever been revoked or suspended?  Yes  no  
If "yes", indicate on a separate sheet of paper the (a) state, (b) date, (c) details.
9. Was your License restored?  Yes  no If "yes" date: \_\_\_\_\_
10. Are you legally eligible for employment in the USA?  Yes  no  
(Proof of citizenship or immigration status will be required upon employment)
11. Names and relationship of relatives working for the town:

Name	Relationship
Name	Relationship

12. Have you ever been charged\* with, convicted of, pled no contest or nolo contendere to or had adjudication withheld on any felony or any crime involving or alleging dishonesty, a false statement or moral turpitude?  Yes  no

If yes, please list:

Date	Location	Arresting/Charging Agency	Charge	Disposition of Case

**ADDITIONAL INFORMATION:**

Have you ever been discharged or asked to resign from any job?  Yes  No

If yes, please explain:

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\*a criminal charge will not automatically preclude an applicant from receiving a job offer but a failure to disclose a charge will.

## EMPLOYMENT RECORD

List all present and past employment including full and part time, temporary and volunteer beginning with most recent. (DO NOT OMIT ANY PREVIOUS EMPLOYERS. ATTACH ADDITIONAL PAGES IF NECESSARY.) This section must be completed whether or not you have attached a resume. Complete address and phone numbers of previous employers and references must be provided. INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

**Name & Address of Organization:**

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

\_\_\_\_\_ Supervisors Name: \_\_\_\_\_

**Job Title:** \_\_\_\_\_ Telephone # (     ) \_\_\_\_\_

**Describe the work you did:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Name & Address of Organization:**

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

\_\_\_\_\_ Supervisors Name: \_\_\_\_\_

**Job Title:** \_\_\_\_\_ Telephone # (     ) \_\_\_\_\_

**Describe the work you did:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Name & Address of Organization:**

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

\_\_\_\_\_ Supervisors Name: \_\_\_\_\_

**Job Title:** \_\_\_\_\_ Telephone # (     ) \_\_\_\_\_

**Describe the work you did:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**EDUCATION**

	<b>Dates Attended</b>	<b>School Name &amp; Address</b>	<b>Degree Earned? Yes/No</b>	<b>If yes, indicate type of degree</b>
<b>High School</b>				
<b>Trade or Technical School</b>				
<b>Undergraduate School/College</b>				
<b>Graduate School/College</b>				

**REFERENCES**

Please list at least four (4) references who are not related to you and who have knowledge of your qualifications for this position. (Please provide complete addresses including street, City, State and Zip.)

<b>Name</b>	<b>Phone #</b>	<b>Name</b>	<b>Phone #</b>
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	

<b>Name</b>	<b>Phone #</b>	<b>Name</b>	<b>Phone #</b>
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	

**VETERANS PREFERENCE**

The Town of Lady Lake is subject to s.295.07,FS, which requires that employment preference be given to eligible veterans and spouses of veterans in positions of employment, except those that are exempted such as department heads or temporary positions, without benefits. If you wish to be identified as claiming Veteran's Preference, please check applicable statement and sign below.

I wish to claim Veteran's Preference as:

- 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 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, OR
  
- 4. \_\_\_\_\_ The un-remarried widow or widower of a veteran who died of a service connected disability.

\_\_\_\_\_  
BRANCH OF SERVICE

\_\_\_\_\_  
DATE OF ENTRY

\_\_\_\_\_  
DATE OF DISCHARGE

**Note: A DD214 or comparable document which serves as a certificate of release or discharge 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 section 1.01, F.S. Veterans' preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida residents.**

*If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veteran's Affairs, P.O. Box 31003, St. Petersburg, FL 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date of the application is filed with the employer if no notice is given.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

As part of its employment application process, I understand that the Town of Lady Lake may obtain or have prepared by a third-party a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, involvement in civil actions, driving record or mode of living.

I understand that I have a right to make a written request whether an investigative consumer report was requested, and will be given full information as to the nature and scope of such investigation.

By signing below, I authorize the Town of Lady Lake and its authorized, third-party agents to obtain a consumer/investigative consumer report on me as part of the Town's pre-employment investigation process. If I am offered employment by the Town of Lady Lake I further authorize it to obtain additional consumer/investigative consumer reports for employment purposes at any time during my employment.

By signing below, I acknowledge that I have been provided with a summary of my rights under the federal Fair Credit Reporting Act.

I HEREBY RELEASE from all liability any persons or entities supplying information pursuant to a request by the Town of Lady Lake, or its third-party agent, as authorized by this release. This authorization and release shall remain in effect during the period of time that the Town of Lady Lake is considering me for employment or for the length of my employment, whichever is later.

I affirm that this application contains no misrepresentation or falsifications, omissions or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed. I authorize investigation of all statements contained in this application. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of employment of my wages and salary be terminated at any time without any previous notice. In addition, as a consideration of my being considered for Town employment, I hereby consent to take any pre-employment physicals, screenings, background investigations and drug screenings.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE