TOWN OF CALLAHAN
EMPLOYMENT APPLICATION

Chartered 1911

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E-Mail: pwd@townofcallahan-fl.gov

FOR OFFICIAL USE ONLY:

INTERVIEWED/HIRED BY:

HIRE DATE: ____/____/____

POSITION: _____

START DATE: ____/____/____

SALARY TO START: $_____

APPOINTMENT DESIRED

POSITION: _____ DATE AVAILABLE: ____/____/____ MINIMUM ACCEPTABLE SALARY: $_____

ARE YOU CURRENTLY EMPLOYED? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HOW DO WE CONTACT YOU

Name (Last, First, MI)

_____

Social Security Number

_____

Mailing Address

City	County	State	Zip Code

Home Phone	Business Phone	Cell Phone

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:

- COMPLETE ALL INFORMATION WITHIN THIS APPLICATION IN ITS ENTIRETY.
- TYPE OR PRINT IN INK.
- ALL INFORMATION PROVIDED WILL BE A PUBLIC RECORD AND WILL BE RELEASED UPON REQUEST, UNLESS EXEMPT OR CONFIDENTIAL.
- SIGN YOUR NAME IN THE CERTIFICATION SECTION. ALL INFORMATION YOU SUBMIT IS SUBJECT TO VERIFICATION.

EDUCATION

HIGH SCHOOL ;

NAME / LOCATION OF SCHOOL

RECEIVED:

☐ DIPLOMA ☐ OTHER (SPECIFY ☐ NONE

_____

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

EMPLOYMENT HISTORY

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ___/___/___ (MONTH DAY YEAR) TO: ___/___/___ (MONTH DAY YEAR) HOURS PER WEEK: _____ (_____ YOUR NAME IF DIFFERENT DURING EMPLOYMENT)

Duties and Responsibilities: _____

Reason For Leaving: _____

2 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ___/___/___ (MONTH DAY YEAR) TO: ___/___/___ (MONTH DAY YEAR) HOURS PER WEEK: _____ (_____ YOUR NAME IF DIFFERENT DURING EMPLOYMENT)

Duties and Responsibilities: _____

Reason For Leaving: _____

3 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (____) _____

FROM: ___/___/___ (MONTH DAY YEAR) TO: ___/___/___ (MONTH DAY YEAR) HOURS PER WEEK: _____ (_____ YOUR NAME IF DIFFERENT DURING EMPLOYMENT)

Duties and Responsibilities: _____

Reason For Leaving: _____

KNOWLEDGE / SKILLS / ABILITIES (KSA's)

List KSA's you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

_____

_____

_____

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**
OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS
DISCLOSURE UNDER SECTION 119.07(4)(d), FLORIDA STATUTES (F.S.)?

☐ **YES** ☐ **NO**

Other covered jobs include but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement and certain investigators in the Department of Children and Families [see ξ 119.071.F.S.]

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?

☐ **YES** ☐ **NO**

If "YES", what charges? _____

Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

☐ **YES** ☐ **NO**

If "YES", what charges? _____

Where? _____ Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A A FELONY OR A FIRST DEGREE MISDEMEANOR?

☐ **YES** ☐ **NO**

If "YES", what charges? _____

Where? _____ Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see ξ 112.011, F.S.]

CITIZENSHIP

The state of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

1. ARE YOU A U.S. CITIZEN? ☐ **YES** ☐ **NO**

2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING? ☐ **YES** ☐ **NO**

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY? ☐ **YES** ☐ **NO**

SELECTIVE SERVICE SYSTEM REGISTRATION

Section 110.1128, Florida Statues, prohibits the employment of any person who was required to register with the Selective Service System under the U.S. Military Selective Service Act, but failed to do so. Additionally, if currently employed by the State, this law prohibits the promotion of such individuals or the subsequent re-hire, once they have separated from the State.

IF YOU ARE A MALE BORN ON OR AFTER JANUARY 1, 1960, HAVE YOU REGISTERED OR DO YOU HAVE PROOF OF AN EXEMPTION FROM THIS REQUIREMENT (DOCUMENTATION MAY BE REQUIRED)? ☐ **YES** ☐ **NO** ☐ **N/A**

APPOINTMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this appointment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the town to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the town all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the town, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered appointment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/ or medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day training period. I further understand that my appointment is at the discretion of the town council and compensation and appointment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the town council or myself. I understand that no supervisor or other representative of the town has any authority to enter into any agreement for appointment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of work or my continued appointment that I may be required by the town to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for work, or if I am then working, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

_____ _____

Signature of Applicant Date

BACKGROUND CHECK INFORMATION

In order for the town to do a background check, please provide the following information:

Name:_____
Last First Middle

Present Address:_____
Street City State Zip

Social Security Number_____

Driver's License Number and State_____

_____ _____
Signature of Applicant Date

NOTE: INFORMATION CONTAINED ON THIS PAGE MAY BE CONFIDENTIAL AND EXEMPT FROM THE PUBLIC RECORDS LAW. PLEASE OBTAIN APPROVAL FROM THE TOWN CLERK BEFORE RELEASING OR COPYING

COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

In accordance with the October 1, 2007 amendment to Florida Statute 119.071(5), the town is notifying each applicant and employee in writing the following purposes for which the town collects and uses social security numbers:

Applicants – For the purpose of identification and verification, data collection, background investigations, local and state records checks, education, clarification for duplicate names, drug or physical testing, verification of military service, and verification of employment eligibility. Social Security Numbers will also be used as a unique numeric identifier and may be used for search purposes.

Employees – For the purpose of insurance and worker's compensation administration, reporting wages to the Internal Revenue Service, Direct Deposit to Banks and/or Credit Unions, Retirement Plan administration, new hire reporting, and other state required forms, identification and verification, data collection, background investigations, local and state records checks, education, clarification for duplicate names, drug or physical testing, reconciliation and processing; and tax reporting. Social Security Numbers will also be used as a unique numeric identifier and may be used for search purposes.

Acknowledgement: I _____, acknowledge that I have read and do understand the above statement.

_____ _____

Applicant/Employee's Signature **Date**

_____ _____

Witness **Date**