



**TOWN OF PALM SHORES
APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY/VETERANS PREFERENCE EMPLOYER

5030 PAUL HURTT LANE
PALM SHORES, FL 32940
(321) 242-4555
Townofpalmshores.org

(PLEASE PRINT PLAINLY IN BLUE OR BLACK INK)

NAME (LAST)	(FIRST)	(MIDDLE)	MAIDEN NAME	
MAILING ADDRESS		CITY, STATE AND ZIP CODE	TELEPHONE NO.	
IN CASE OF EMERGENCY PLEASE NOTIFY: _____		NUMBER: _____		
DRIVER'S LICENSE: ISSUING STATE: _____		LICENSE CLASS: _____	NUMBER: _____	
* Are you a citizen of the United States or a registered alien?		YES []	NO []	
* Do you have the ability to read, write, and speak English?		[]	[]	
* Have you EVER been convicted of an offense against the law or forfeited collateral, you now under charges for any offense against the law? You may omit traffic violations for which you paid a fine of \$150.00 or less.		[]	[]	
* While in the military service were you ever convicted by a general court-martial If you answer is "Yes" give details below. Show for each offense (1) date, (2) charge, (3) place, (4) court, and (5) action taken. NOTE: A conviction does not mean you cannot be appointed.		[]	[]	
<p>* Have you ever been employed by the Town of Palm Shores? [] Yes [] No If yes, give dates _____</p> <p>* Do you have a relative by blood or marriage currently working for the Town of Palm Shores [] Yes [] No If yes, provide relationship. _____</p>				
EDUCATION				
SCHOOLS	NAME/ADDRESS	MAJOR	DID YOU GRADUATE	DEGREE
High School/GED				
College				
Graduate School				
Vocational School or Other Training				
JOB INTEREST (If you are interested in applying for two or more positions available at the same time, please complete a separate application).				
Position applied for: _____		Date you can begin: _____		
Salary Desired: _____				
Will you accept: Temporary Work [] Yes [] No				
Part-Time Work [] Yes [] No				

VETERANS' PREFERENCE FORM

Have you ever been in the armed forces? [] Yes [] No If yes, please continue:

Do you want to claim veteran's preference [] Yes [] No If yes, you must attach a copy of DD214 and any additional military forms noted below as documentation to confirm eligibility and complete the following:

I am claiming veteran's preference based on the following: (please check appropriate responses)

_____ As a veteran of any war who has served on active duty for on 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. **(you must include a DD214 at the time of application to be eligible for this benefit)**

Wartime periods include:

World War II: December 7, 1941-Decemeber 31, 1946

Korean Conflict: June 27, 1950 – January 31, 1956

Vietnam Era: February 28, 1961 – May 7, 1975

Persian Gulf War: August 2, 1990 – January 2 1992

_____ 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. **(you must supply your DD214 and a letter of disability rating from the Armed Forces at the time of application to be eligible for this benefit).**

_____ As a spouse of a person who is missing in action, was captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power.

_____ As the spouse of a veteran who cannot qualify for employment because of a service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power **(you must supply your spouses DD214 and a letter of disability rating from the Armed Forces at the tie of application to be eligible for this benefit).**

_____ As an unmarried widow or widower of a veteran who died of a service-connected disability.

_____ Receipt of any Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal is qualifying for veteran's preference **(you must supply DD214 to determine eligibility for this benefit).**

Have you entered into employment with a governmental agency in the State of Florida since your military service? [] Yes [] No If so, you may not be eligible for veteran's preference.

If you believe that you did not receive veteran's preference in accordance with FL Administrative Code, you have the right to an investigation by filing a complaint with the Florida Department of Veterans' Affairs. Mary Grizzle Building, Suite 311-K, Ulmerton Rd, Largo FL 33778-1630, within 21 days from the date that you received notice that a non-preference application was appointed.

SPECIAL SKILLS, APTITUDES, AND OTHER QUALIFICATIONS

List details of all skills, aptitudes and other qualifications which you feel are relevant to employment.

Typing Speed _____wpm Shorthand Speed _____wpm Speedwriting _____wpm.

Computer Experience: _____

Office Machines you can operate: _____

List any machinery or heavy equipment you have operated efficiently: _____

List scholarships, fellowships, honors, etc. received: _____

Special qualifications and skills (licenses or certificates, memberships in professional organizations or societies, etc): _____

REFERENCES: (Do not include former Employers or Relatives)

Name and Occupation	Address	Phone Number Day/Evening
1.		
2.		
3.		

PRESENT AND PRIOR EMPLOYMENT

List below all present and past employment, beginning with your most recent. All spaces must be completed. A resume may be used as a supplement, but not to substitute employment information. **DO NOT** specify "SEE RESUME." Incomplete applications MAY be rejected.

Name and Address of Company and Type of Business	From	Job Title	Starting Salary	Last Salary
	Mo / Yr.	Describe the duties you performed:		
	To			
	Mo / Yr.			
Telephone:		Name of Supervisor/Title		
Reason for Leaving:				
May we contact: [] Yes [] No				

Name and Address of Company and Type of Business	From	Job Title	Starting Salary	Last Salary
	Mo / Yr.	Describe the duties you performed:		
	To			
	Mo / Yr.			
Telephone:		Name of Supervisor/Title		
Reason for Leaving:				
May we contact: [] Yes [] No				

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	To			
	Mo / Yr.			
Telephone:		Name of Supervisor/Title		
Reason for Leaving:				
May we contact: [] Yes [] No				

Occasionally the format of an employment application makes it difficult for an individual to adequately summarize one's complete background. Use the space below to provide any additional information necessary to describe your full qualifications for the position applied for:

Thank you for completing this application form and for your interest in employment with us. Your application for employment will be maintained in Town Hall's active file for a total of three (3) months from the date of completion.

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

AGREEMENTS:

Probation Period – I understand that my position with the Town is temporary during the probationary period established. My employment may be ended before the expiration of that period for any reason without recourse.

Physical Examination – I understand that I must take and pass a physical examination before the hiring process is complete. I understand that in addition to the physical examination, a drug and/or alcohol screening test will be given. Any illegal substance, controlled or otherwise, which shows in my test result may cause my immediate disqualification from employment with the Town.

Statement of Applicant – I authorize my former employers to furnish their records of my service. This includes all information they may have concerning me. I also release them from any liability for any damage in providing this information.

Certification – I agree that any false or misleading information supplied by me will be cause for canceling the application process. After my hire date, it may cause my dismissal for the Town service. I have answered all the questions this form completely and truthfully. This application must be fully completed.

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I authorize you to make any investigation of me personal history.

Upon termination of employment, I authorize the town of Palm Shores to hold my final paycheck until a final accounting is made for any Town property in my custody.

Signature: _____ Date: _____

THE TOWN OF PALM SHORES IS A DRUG FREE /SMOKE FREE WORKPLACE