

Phone: (863) 699-3747
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TOWN OF LAKE PLACID, FLORIDA
311 W. Interlake Blvd
Lake Placid, Florida 33852- 5591

APPLICATION FOR EMPLOYMENT

POSITION DESIRED _____ DATE _____

DEPARTMENT _____ HOW DID YOU HEAR ABOUT THE OPENING? _____

This application is not acceptable for applicants applying to work for the Lake Placid Police Department. The police department application can be obtained at the **Lake Placid Police Department** at **8 North Oak Avenue** in **Lake Placid, Florida 33852** or on the Police Department website **WWW.lppd.com**.

INSTRUCTIONS

Application must be typewritten or printed legibly in black ink. All questions must be answered. If space provided is not sufficient for complete answer or you wish to furnish additional information, attach sheets of the same size to the application and number answers to correspond with questions.

PERSONAL HISTORY

1. FULL NAME:

Last NAME FIRST MIDDLE (Optional) SOCIAL SECURITY NUMBER

RESIDENCE ADDRESS MAILING ADDRESS

CITY COUNTY STATE ZIP

TELEPHONE NUMBER HOME OTHER TELEPHONE NUMBERS

2. STATE IDENTIFICATION NUMBER: _____ 3. STATE ISSUED: _____

4. OR DRIVERS LICENSE NUMBER: _____ 3. STATE ISSUED: _____

5. OTHER: LIST ALL OTHER NAMES YOU HAVE USED INCLUDING CIRCUMSTANCES AND TIME PERIODS YOU USED THEM. FOR EXAMPLE; FORMER NAME(S), MAIDEN NAME(S), ALIAS(S), AND NICKNAME(S):

NAMES	CIRCUMSTANCE	DATES FROM - MO./YR	DATES TO - MO./YR

The Town of Lake Placid is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

6. Are you a United States citizen? ____ Yes or ____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ____ Yes or ____ No

Date Submitted _____

If naturalized, please provide _____
 _____ DATE _____ PLACE _____
 _____ COURT _____ NATURALIZATION NUMBER _____

6. Have you ever filed an application with us before? ___Yes or ___No Dates _____

7. Have you ever been employed by us before? ___Yes or ___No Dates of employment _____

EDUCATION / TRAINING

1.

High School Name/Address	Dates Attended – Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	TO			

2.

College/University Name/Address	Dates Attended – Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	TO	Qtr.	Sem.		

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business, Police Academies or Military):

Name/Address	Dates Attended – Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	TO				

4. Describe any awards, honors, citations or other special recognition you received while attending school and positions held in school organizations:

5. Indicate any additional education / training or elaborate on training described above:

6. Did you receive a certificate for this training? ___Yes or ___No

Certificate Number _____
 Certificate Number _____

7. Describe any word processing or computer skills and list all software you are able to use:

8. State approximate number of words per minute: Typing _____ Shorthand _____

9. On what date are you available for work? _____

10. Are you available to work? _____ Full Time _____ Part Time

11. Are you available to work overtime or after hours? _____ Yes or _____ No

EMPLOYMENT HISTORY

1. List chronologically all employment including current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo./Yr.		Salary	Your Title or Position	Name of Supervisor	Reason for Leaving
	FROM	TO				
Name						
Address Phone						
City State Zip						
Name						
Address Phone						
City State Zip						
Name						
Address Phone						
City State Zip						
Name						
Address Phone						
City State Zip						
Name						
Address Phone						
City State Zip						

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? _____ Yes or _____ No If yes, please explain:

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes or No If yes, please provide details. _____

4. May we contact your present employer? Yes or No

5. Have you ever had to manage money routinely as a part of your job description? Yes or No
If yes, please provide name of employer and date of service. _____

6. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes or No If yes, please provide name and address of business, corporation or organization and describe your relationship or position.

ORGANIZATION MEMBERSHIP

1. List all clubs, societies and volunteer organizations of which you are or have been a member:

Name	City & State	Former Member	Present Member List position held (describe activity)

ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations?
 Yes or No

2. Have you ever been convicted of a felony? Yes or No
If yes to question #1, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (include your juvenile charges and charges which have been sealed, if any.)

Under Name	Place & Department	Charge	Court & Place	Date of Charge	Disposition

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

DRIVING HISTORY

Answer these questions if the job you are applying for will entail vehicle operation as part of your job duties.

1. Are you a licensed Florida automobile operator or chauffeur? ___ Yes or ___ No License No.: _____

Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? ___ Yes or ___ No
provide state(s), name used and approximate dates license(s) was/were held.
Please provide state and license number below

3. List in detail the traffic tickets you have received in the past ten year

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ___ Yes ___ No
If yes, please provide complete details including reason.

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces Of the United States? ___ Yes or ___ No

Branch of Service _____ Highest Rank _____

Service # _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of the Reserve Unit or the National Guard? ___ Yes or ___ No

4. If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

5. Was any type of disciplinary action taken against you in the service? ___ Yes or ___ No If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

6. Are you designated as disabled because of any military service? Yes No

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. Veteran's Administration 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 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
4. The non-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987? ___ Yes or ___ No

If "yes", please give name of employer _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: _____
		City, State & Zip: _____
		Home Phone: (____) _____
Yrs, Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
		City, State & Zip: _____
		Home Phone: (____) _____
Yrs, Acq.	Occupation	Business Address: _____
		City, State & Zip: _____
Complete Name		Home Address: _____
		City, State & Zip: _____
		Home Phone: (____) _____
Yrs, Acq.	Occupation	Business Address: _____
		City, State & Zip: _____

ATTENTION: IT IS THE RESPONSIBILITY OF THE APPLICANT TO MAKE SURE THE TOWN CAN CONTACT THE REFERENCES IF OR /WHEN THE BACKGROUND INVESTIGATION IS IN PROGRESS. TELEPHONE NUMBERS AND ADDRESSES ARE IMPORTANT.

APPLICANT'S CERTIFICATION

I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, omission or misrepresentation may disqualify me as an applicant or cause my dismissal from the Town of Lake Placid. All statements made by me on this application are true, correct and, complete, to the best of my knowledge.

I consent to a pre-employment drug test.

My employment or appointment will be contingent upon the results of a complete drug test I may be required to take drug tests during the term of my employment or appointment with the TOWN OF LAKE PLACID.

I authorize all persons and organizations referenced in this application to furnish the TOWN OF LAKE PLACID information, personal or otherwise, regarding my ability and fitness for employment or appointment. I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Lake Placid.

I understand that this employment application shall become the property of the Town of Lake Placid. The application and information received in response to the background investigation are public records.

If employed by, or appointed to, the TOWN OF LAKE PLACID, I accept and agree to abide by the following conditions:

I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the TOWN OF LAKE PLACID and its official representatives.

In the event that I am eligible for, and accumulate, overtime work hours, the TOWN OF LAKE PLACID may, at its option, adjust my work schedule, grant me compensation time or reimburse me monetarily.

If you are submitting an application by email you will be asked to sign and initial each page prior to any background investigation being done. Any untruthful statements within the application discovered either during the background investigation or after you are hired may result in your dismissal.

Applicants Signature

Date

Witness

FINAL CHECKLIST

Please use the list below to make sure we have all materials needed.

CHECK	REQUIRED
	COMPLETED TOWN EMPLOYMENT APPLICATION
	CERTIFIED COLLEGE TRANSCRIPTS, IF APPLICABLE, PROVIDED TO THE TOWN OF LAKE PLACID, TOWN CLERK, 311 W. INTERLAKE BLVD, LAKE PLACID, 33852
	COPY OF YOUR HIGH SCHOOL DIPLOMA (IF APPLICABLE)
	COPY OF YOUR SOCIAL SECURITY CARD
	COPY OF YOUR DRIVER'S LICENSE
	Additional -
	Additional -
	Additional -
	Additional -
	Additional -
	Additional -

Equal Employment Opportunity Survey
OPTIONAL INFORMATION

Information recorded here will be used for payroll and reporting purposes only. Answers to the following questions are voluntary and the information shall be kept as part of personnel records. Refusal to answer will not result in adverse action of any applicant.

Signature: _____ Date: _____

Position title for which you are applying: _____

Sex: _____ Male or _____ Female

Date of Birth: _____ / _____ / _____

Social Security Number: _____ - _____ - _____

In compliance with Florida Statute § 119.071(5), the Town is providing you with notice that your social security number may be used for one or more of the following purposes: payroll, reporting unclaimed properties, professional license, employment benefits, pre-employment background check, drug screening, income reporting, and immigration-related documentation. The Town may collect and use your social security number for any of these purposes, in performance of the Town's duties and responsibilities, as prescribed by law. Under the Federal Privacy Act, disclosure of Social Security numbers is **voluntary**, unless a Federal statute specifically requires it or allows states to collect the number.

*Disclosure of Social Security numbers is **mandatory** pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577, 409.2598, and 559.797, Florida Statutes. Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(i).

Section 7 of Public Law 93-579, The Privacy Act of 1974,[2] provides:"(a)(1) It shall be unlawful for any Federal, State or local government agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security account number.