



Town of Indian River Shores
6001 North Highway A-1-A, Indian River Shores, Florida 32963
Phone (772) 231-1771 Facsimile (772) 231-4348

APPLICATION FOR EMPLOYMENT

DATE:

REFERRAL SOURCE: Advertisement () Employee () Relative () Government Employment Agency ()
Walk-in () Private Employment Agency () Other
Name of source (if applicable)

NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER

MAILING ADDRESS STREET / P.O.BOX TELEPHONE NUMBER

CITY STATE ZIP CODE OTHER NUMBER WHERE YOU MAY BE REACHED

Are you a citizen of the United States or a registered alien? Yes () No ()
Do you have a valid Florida driver's license? Yes () No ()

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? You may omit: (1) Parking violations; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.....Yes () No ()

While in the military service were you ever convicted by a general court-martial?.....Yes () No ()

If your 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 automatically mean you cannot be appointed. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

Do you have a relative currently working for the Town? Yes () No ()

If yes: Name Relationship

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Phone Number () Name
Relationship Address

JOB INTEREST

Position applied for Date you can begin

Salary Desired Minimum you will accept

Will you accept: Temporary Work Yes () No () Part time work Yes () No ()

PRESENT AND PRIOR EMPLOYMENT

List all present and past employment below, beginning with your most recent. A resumé may be used to supplement, but may not be substituted for, employment information.

Name and Address of Company and Type of Business	From Mo. / Yr.	Job Title:	Salary: \$
		Describe the work you did:	
Telephone : ()			
Reason for Leaving:		Supervisor:	
May we contact your present employer now?		Yes _____	No _____

Name and Address of Company and Type of Business	From Mo. / Yr.	Job Title:	Salary: \$
		Describe the work you did:	
Telephone : ()			
Reason for Leaving:		Supervisor:	
May we contact your present employer now?		Yes _____	No _____

Name and Address of Company and Type of Business	From Mo. / Yr.	Job Title:	Salary: \$
		Describe the work you did:	
Telephone : ()			
Reason for Leaving:		Supervisor:	
May we contact your present employer now?		Yes _____	No _____

Name and Address of Company and Type of Business	From Mo. / Yr.	Job Title:	Salary: \$
		Describe the work you did:	
Telephone : ()			
Reason for Leaving:		Supervisor:	
May we contact your present employer now?		Yes _____	No _____

EDUCATION (Circle Highest Grade Completed)

HIGH SCHOOL 1 2 3 4				COLLEGE 1 2 3 4				GRADUATE 1 2 3 4				Did you graduate?	
HIGH SCHOOL	LOCATION	MAJOR	DEGREE	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
COLLEGE	LOCATION	MAJOR	DEGREE	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
GRADUATE SCHOOL	LOCATION	MAJOR	DEGREE	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
VOCATIONAL SCHOOL	LOCATION	MAJOR	DEGREE	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
OTHER TRAINING				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

MILITARY SERVICE RECORD

Were you in the U. S. Armed Forces? Yes ___ No ___ If yes, what Branch? _____

Dates of Service: From _____ to _____ Type of discharge _____

List duties in the service, including special training _____

Are you currently a member of any branch of the military or Reserves? Yes ___ No ___

If yes, please indicate: (a) date your military obligation expires _____ (b) Years creditable active service _____

SPECIAL SKILLS AND OTHER QUALIFICATIONS List details of all skills and other qualifications which you feel are relevant to employment consideration by the Town of Indian River Shores.

Office machines you operate (include software programs) _____

Special qualifications and skills (certificates, occupational licenses, etc. - please include copies)

PERSONAL REFERENCES
(Not Former Employers or Relatives)

Name and Occupation	Address	Day Time Phone Numbers
1. Name: _____ Occupation: _____		
2. Name: _____ Occupation: _____		
3. Name: _____ Occupation: _____		

Please use the space below to summarize any additional information necessary to describe your full qualifications for this position.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the Town of Indian River Shores will be based solely on your qualifications and ability to perform the duties required of the job.

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 lawful reason without recourse.

PHYSICAL FITNESS - I understand that I must take and pass a physical examination before the decision to hire me is complete. I understand that the physical examination may include a drug and/or alcohol screening test. Any illegal or controlled dangerous substance which shows in my test results will cause by immediate disqualification for 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, whether on record or not. 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 from the Town service. I have answered all the questions on this form completely and truthfully. This application must be fully completed. Entries such as "see resume" are not acceptable. Incomplete applications will be rejected.

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 my personal history.

Upon termination of employment I understand the Town may hold my final paycheck until a final accounting is made for any Town property in my custody.

Signature: _____ Date: _____