



100 Smith Avenue • Post Office Box 126 Lake Hamilton, FL 33851  
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## Town of Lake Hamilton

### APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

#### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALTERNATE PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

May we contact you via text message? \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

#### Job Related Information:

Position: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Employment desired: Full Time  Part Time  Seasonal  Do you possess a CDL: \_\_\_\_\_

Please list other languages you speak/write: \_\_\_\_\_

#### ELIGIBILITY TO WORK

Are you at least 18 years old? YES  NO  Are you a Citizen of the United States? YES  NO

If no, are you authorized to work in the U.S.? Yes  NO

Have you ever been convicted of a felony? Yes  NO  If yes, provide explanation on a separate sheet of paper.

Are you willing to submit to criminal and financial background check? Yes  NO

#### EDUCATION Provide copies of job required licenses

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional Certificates				

**WORK EXPERIENCE**

May we contact your present employer regarding your record of employment? Yes No

Dates Employed Month & Year	Name/Address/Phone# of Employer	Salary	Position	Reason for Leaving
From		Start		
To		End		
From		Start		
To		End		
From		Start		
To		End		

**\*Attach a resume which outlines your job duties.**

**REFERENCES**

Give the names of three persons not related to you, whom you have known at least five years.

Name	Address	Phone #	Business	Years Acquainted

**Emergency Contact**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VETERANS PREFERENCE INFORMATION**

Completion of the Veterans Preference section is made on a **VOLUNTARY** basis and kept confidential in accordance with the Americans with Disabilities Act. Complete **ONLY** if claiming veteran’s preference. **ATTACH DD214.**

Are you presently or have you ever been a member of the U.S. military? \_\_\_\_\_ Yes \_\_\_ No If yes, Branch of

Service: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Rank: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ % of Disability Rating if any: \_\_\_\_\_

Check appropriate item to claim Veteran’s Preference. A DD214 or comparable document which serves as a certificate of release or discharge claim must be furnished at the time of application.

\_\_\_\_\_ 1. Are you a veteran entitled to disability compensation under the laws administered by the U.S. Veterans Administration for a disability of 30% or more; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the Veterans Administration and the Department of Defense?

\_\_\_\_\_ 2. Are you 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?

\_\_\_\_\_ 3. Are you a veteran of any war who has served on active duty for at least one (1) day during a wartime period, excluding active duty training, and who was discharged under honorable conditions from the Armed Forces of the United States of America?

\_\_\_\_\_ 4. Are you the un-remarried widow or widower of a veteran who died of a service-connected disability?

Have you claimed and been employed through veterans preference since 10/1/1987? \_\_\_ Yes \_\_\_ No

If yes, give name of employer: \_\_\_\_\_ Have you ever been employed by any governmental entity within the State of Florida? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Are you a resident of the State of Florida? \_\_\_ Yes \_\_\_ No (Veterans Preference is only available to Florida residents.) Are you claiming Veteran’s Preference points?      Yes                      No

**NOTE:** Under Florida Law, preference in appointment and employment shall be given, by state and its political subdivisions, first to those persons included in items 1 & 2 above; and second to those persons included under items 3 & 4 above. If any applicant claiming veterans preference for a vacant position is not selected for the position they may file a complaint with the Department of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of hiring decision is not given, a complaint may be filed at any time.