



TOWN OF LAKE PARK

An Equal Opportunity Employer

EMPLOYMENT APPLICATION FORM

Please type or print clearly. Do not use pencil. A separate application form containing the applicant's original signature is required for each position. Applications will not be accepted by fax or by email. Completed applications must be submitted to the Human Resources Department, Lake Park Town Hall, 535 Park Avenue, Lake Park, Florida 33403. Applications must be complete at the time they are submitted. Please answer each question or insert "N/A" if the question is not applicable. Applications are accepted only for advertised positions.

In accordance with the provisions of the **Americans with Disabilities Act**, please notify the Human Resources Department at 561-881-3310 in advance if you require special accommodations to participate in the employment application process.

1. Position Applied For: _____
(Please state the position applied for *exactly* as it has been advertised.)

2. Is this position: Full-time Part-time Temporary Intermittent (Seasonal)
(Please check one of the above boxes.)

3. How did you first learn about this position: _____?

4. Applicant's Last Name: _____

5. Full First Name: _____ Middle Name: _____

6. Applicant's Home Address: _____
(Do not use a post office box.)

City: _____ State: _____ Zip Code: _____

Home Telephone No. (with area code): _____ Cell Phone No. (with area code): _____

Email Address: _____

7. Social Security Number: _____
(The Town of Lake Park requests your social security number for the purpose of conducting pre-employment background checks, pre-employment physical examinations and drug screens, employment benefits, and income reporting. Your social security number will be used solely for these purposes.)

8. Have you ever worked for the Town of Lake Park? Yes No
If "yes", please provide position title(s), department(s), dates of employment, and reason for leaving:

9. Have you ever applied for a position with the Town of Lake Park before? Yes No
If "yes", please provide the position(s) for which you applied and the date of your application(s):

10. Do you have any relatives currently employed by the Town of Lake Park? Yes No
If "yes", please print name, relationship to you and the Town department in which your relative works:

11. May we contact your present employer? Yes No

12. Is there any reason that you would not be able to perform the responsibilities and tasks of the position for which you are applying? Yes No

13. Can you work evenings? Yes No

14. Can you work weekends? Yes No

15. Are you legally able to work in the United States? Yes No

16. Have you **EVER** been arrested, received a Notice to Appear, been charged, convicted, entered a plea of *nolo contendere* (no contest), entered a plea of guilty, been found guilty or had adjudication withheld in a criminal offense; or, are there any criminal charges now pending against you?

Yes No

If "yes", please describe the charge and the outcome of the charges (please be sure to respond thoroughly and accurately to this question. Failure to answer accurately and fully or failure to disclose requested details on this application form will be counted as an omission of relevant facts and will be grounds for disqualification from consideration or revocation of job offer if recommended for hire):

17. Do you have a valid Florida driver's license? Yes No If your answer is "yes", please attach a copy of your driver's license to this application.

Driver's License Number: _____

18. Do you have a current Florida Commercial Driver's License (CDL)? Yes No

If "yes", indicate class below:

Class A Class B Class C Class D Chauffeur's License

Expiration Date: _____ Endorsements: _____

19. EDUCATION AND TRAINING HISTORY

Please provide your full name if different while attending school: _____

High School or GED	
Full Name:	Date Graduated:
Address:	
City/State/Zip Code:	
College/University	
Full Name:	Date Graduated:
Address:	Major:
City/State/Zip Code:	Degree:
College/University	
Full Name:	Date Graduated:
Address:	Major:
City/State/Zip Code:	Degree:
Training/Vocational School	
Full Name:	Date Completed:
Address:	Licenses or Certifications:
City/State/Zip Code:	
NOTE: Please attach copies of degrees or certificates at the time of application.	

20. Please list all special skills, computer programs, office machines, equipment, tools, etc. that you are able to use:

21. Please list any trade or professional organizations to which you currently belong:

**25. APPLICANT'S STATEMENT
AND AUTHORITY TO RELEASE INFORMATION**

I hereby certify that all statements in this application are true and complete. I understand that any misrepresentation or omission of information by me shall serve as a basis for termination of my employment with the Town of Lake Park. I further understand that unless this application is completed in detail, it will not be considered.

I hereby give my consent to the Town of Lake Park to investigate and verify any information provided on this application form and successive documents completed for the purpose of employment consideration. I consent to have background checks, pre-employment physical examinations, drug testing, reference checks and any other necessary investigations undertaken to determine my suitability for employment.

I hereby authorize any representative of the Town of Lake Park, bearing this release, or copy hereof, to obtain any information in your files pertaining to my educational background, attendance, employment history and disciplinary records. I hereby release any person who provides personnel file or applicant information pertaining to me from all claims of liability that might otherwise result from such information. I hereby release the Town of Lake Park or its employees from any and all liability for damages resulting from reference checks, background checks associated with this application.

I am further aware and understand that the Town of Lake Park requires its employees to adhere to numerous policies, rules, regulations and procedures, including but not limited to: (1) fingerprinting of its employees upon application and employment; (2) Equal Employment Opportunity Policy; (3) a Drug Free Workplace Policy; (4) drug screening requirements; and (5) a Tobacco Free Workplace Policy.

I voluntarily agree to abide by all Town policies if I am hired by the Town of Lake Park.

I further declare that if I am employed by the Town of Lake Park, and thus a recipient of public funds, that I affirm that I will support the Constitution of the United States and the State of Florida.

Applicant Full Name: _____
(please print)

Signature of Applicant

Date

Signature of Applicant's Parent or Legal Guardian
(if applicant is a minor)

Date



RESTRICTED PERSONAL DATA FORM

Instructions: Please type or print.

<i>Name (last)</i>	<i>(first)</i>	<i>(middle)</i>	<i>Social Security No.</i>
<i>Address</i>			
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<i>Date of Birth</i>	<i>Place of Birth (City, State, Country)</i>		<i>Gender</i>

RACE/ETHNIC INFORMATION (check one only)
(See definitions below)

<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native
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In order to comply with federal guidelines, accurate information must be maintained on each employee as regards to GENDER and RACIAL/ETHNIC classification.

RACIAL/ETHNIC CATEGORY DEFINITION

White (not of Hispanic origin)	A person having origins in any of the original people of Europe, North Africa, or the Middle East.
Black (not of Hispanic origin)	A person having origins in any of the Black racial groups of Africa.
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Asian or Pacific Islander	A person having origins in any of the original people of the Far East, Southeast Asia, the Pacific Islands or Indian subcontinent (e.g., China, India, Japan, Korea, the Philippine Islands and Samoa).
American Indian/Alaskan Native	A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

VETERANS' PREFERENCE

Are you eligible for Veterans' Preference? Yes No

If "yes", please note that it is your responsibility to request from, and submit to our office, Veterans' Preference forms and all proof of eligibility, e.g., DD-214 showing that you were discharged or released from active duty in the Armed Forces under honorable conditions (i.e., with an honorable or general discharge).

I certify that the above entries are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any omission and/or false statement on this form will result in my dismissal from employment.

Applicant Signature