



# TOWN OF LAKE PARK

An Equal Opportunity Employer

## EMPLOYMENT APPLICATION FORM

**Please type or print clearly. Do not use pencil. Do not revise or reformat this application form in any way.**

A separate application form containing the applicant's original signature is required for each position. Applications will not be accepted by fax. Completed applications must be submitted **by the applicant directly to the Human Resources Department**, Lake Park Town Hall, 535 Park Avenue, Lake Park, Florida 33403. ***Applications, including the employment history, 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.

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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):

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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:

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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. Are you able to swim (*please answer this question only if the ability to swim is advertised as a requirement for the position for which you are applying*): Yes  No

17. Have you **EVER** been convicted of a crime other than a minor traffic infraction? Yes  No

**If you answer "yes" to Question #17 above, please provide information as to the court(s), the nature of the offense(s), the disposition of the case(s) and the date(s). Please note that a conviction record will not necessarily be a bar to employment. The nature of the crime, the time elapsed, and the nature of the job will be taken into consideration; however, 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:**

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18. Do you have a valid Florida (or out-of-state) driver's license? Yes  No  If your answer is "yes", please provide your driver's license number below and the issuing state:  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

19. Do you have a valid 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: \_\_\_\_\_  
 \_\_\_\_\_

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

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**22. EMPLOYMENT HISTORY**

**Please note that your employment history MUST BE COMPLETE. Starting with your most recent employer, including self-employment, part-time employment, and military service (if applicable), please list in reverse chronological order your TOTAL AND COMPLETE employment history. Please attach additional pages if needed to complete this section. (NOTE: If you are supplementing your application with a resume, all of the following requested information must be provided in your resume.) UNLESS THIS APPLICATION, INCLUDING THE FOLLOWING EMPLOYMENT HISTORY, IS COMPLETED IN DETAIL, YOUR APPLICATION WILL NOT BE CONSIDERED.**

<b>Name of Employer:</b>	Starting Date:
Address:	Ending Date:
City/State:                                          Zip Code:	Final Salary:
Telephone Number (with area code):	
Your Immediate Supervisor:	
Your Position Title:	
Duties and Responsibilities:	
Reason for Leaving:	
<b>Name of Employer:</b>	Starting Date:
Address:	Ending Date:
City/State:                                          Zip Code:	Final Salary:
Telephone Number (with area code):	
Your Immediate Supervisor:	
Your Position Title:	
Duties and Responsibilities:	
Reason for Leaving:	

## 22. EMPLOYMENT HISTORY (continued)

<b>Name of Employer:</b>	Starting Date:
Address:	Ending Date:
City/State: <span style="margin-left: 100px;">Zip Code:</span>	Final Salary:
Telephone Number (with area code):	
Your Immediate Supervisor:	
Your Position Title:	
Duties and Responsibilities:	

Reason for Leaving:

<b>Name of Employer:</b>	Starting Date:
Address:	Ending Date:
City/State: <span style="margin-left: 100px;">Zip Code:</span>	Final Salary:
Telephone Number (with area code):	
Your Immediate Supervisor:	
Your Position Title:	
Duties and Responsibilities:	

Reason for Leaving:

23. Please explain any gaps in your employment history:

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24. Have you ever been fired, removed or dismissed from any position at any time?

Yes       No

If "yes", identify the employer and your job position, and explain why and include the date of the job action: \_\_\_\_\_

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

**I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION, AND ACCOMPANYING RESUME IF PROVIDED, ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION OF INFORMATION BY ME SHALL SERVE AS A BASIS FOR DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT OR 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. All applicants shall be subject to a criminal background check. 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

*The Town of Lake Park is an Equal Opportunity Employer.*



## 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 FORM

Are you eligible for Veterans' Preference?    Yes     No

If "yes", please note that it is your responsibility to submit to our office this completed Veterans' Preference form and all proof of veterans' preference eligibility (e.g., DD-214 showing that you were discharged or released from active duty in the Armed Forces under honorable conditions, or military discharge papers or equivalent certification from the Department of Veterans' Affairs, listing military status, dates of service and Character of Discharge, or other relevant documentation).

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.

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Applicant Signature

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Date