



**TOWN OF LANTANA  
APPLICATION FOR EMPLOYMENT**

**Resumes may not substitute for the complete application. It is the responsibility of the applicant to thoroughly and accurately complete the Application for Employment. Incomplete applications will disqualify an applicant from consideration.**

**E/O/E  
Drug Free Workplace  
PLEASE PRINT**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
                     Last                                      First                                      MI

Present Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
                                     Street                                      City                                      State                                      Zip

Are you legally eligible for employment in the USA? \_\_\_\_\_ Are you of the legal age to work? \_\_\_\_\_

Position applied for: \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have any relative(s), either by blood or by marriage, who is/are employed by the Town of Lantana? \_\_\_\_\_  
 If "Yes" give name, relationship and department \_\_\_\_\_

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and State law preclude obtaining in the pre-employment stage.) \_\_\_\_\_

**RECORD OF EDUCATION**

School	Name & Address of School List Dates Attended	Course of Study List Dates	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1 2 3 4	Yes No GED _____	
College			1 2 3 4	Yes No	
Other training (Specify)			1 2 3 4	Yes No	

**MILITARY SERVICE RECORD**

Were you in the US Armed Forces? Yes No If "yes", what Branch? \_\_\_\_\_

If "yes": Dates of Active Duties: From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge Received: \_\_\_\_\_

Do you wish to claim Veteran's Preference? Yes No If "Yes", a copy of your DD214 must be included with your application along with a completed Town Veteran's Preference Form.

## EMPLOYMENT HISTORY

**List below present and past employment, full time and part time, beginning with your most recent.**

Name, Address & Telephone No. of Employer and Type of Business	From Month/Year	To Month/Year	Weekly Starting Salary	Last Weekly Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:						

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Describe the work you did:						

I hereby give permission to contact the employers listed above concerning my prior work experience, and to inspect my personnel file(s). \_\_\_\_\_

*Signature*

If there is/are a particular employer(s) you do not wish us to contact, please indicate which one(s) and why. \_\_\_\_\_

\_\_\_\_\_

Attached hereto is a job description for the position for which you have applied. Are you able to perform these tasks with or without an accommodation?

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How would you perform the task, and with what accommodations?

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If you are known by any other name(s) at other employers listed under Employment History, please list each of those names. \_\_\_\_\_

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Have you ever been convicted for any criminal offense other than a minor traffic violation (i.e. speeding, parking, etc.)? Yes No If yes, please explain: (An affirmative answer to the above does not constitute an automatic bar to employment.) \_\_\_\_\_

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Give the names of any organizations or professional groups of which you may be a member which have any direct bearing on your qualifications for the position you are seeking.

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Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes No If yes, give details: \_\_\_\_\_

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**PLEASE READ AND INITIAL STATEMENTS BELOW**

\_\_\_\_\_I certify that all information given on this employment application, related employment papers and oral interviews is true and correct. I understand that the Employer will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by it. I understand that falsification of any information so given or other derogatory information discovered as a result of this investigation will subject me to disqualification from consideration and/or immediate dismissal. I agree to a post-offer physical examination if requested. If I am hired, I will conform to the rules and regulations of the Employer.

\_\_\_\_\_I understand that the Employer makes every effort to maintain an atmosphere which will enable employees to perform their work without sexual, religious, racial and/or ethnic harassment, intimidation and/or without creating an offensive work environment. I understand that conduct and language can constitute harassment and I agree not to engage in such conduct. I understand that if I violate this, I will be subject to discipline up to and including discharge. I also understand that I do not have to, am not expected to, and should not tolerate any such conduct. I further understand I have an affirmative obligation to report such conduct, and that I will not be subject to any discipline for doing so. I may be subject to discipline up to and including discharge for failing to disclose harassments.

\_\_\_\_\_I hereby consent as a condition of employment to have the Employer, or its authorized testing agent, perform a drug test for the purpose of determining the presence of illegal drugs. In agreeing to this, I understand that if I fail the post job offer drug test the Employer may withdraw my employment offer.

\_\_\_\_\_I further understand that, if hired, my failure to submit to, upon request, or to pass, any drug and/or alcohol tests is grounds for immediate discharge.

\_\_\_\_\_I further agree that if I am under medication, it is my responsibility to provide the examining physician or the Personnel Office of the Employer, a physician's statement regarding any prescribed medication or a copy of the prescription and its dates of use.

\_\_\_\_\_I have been assured that the results of the test will be provided only to the Employer and will be held in strict confidence unless the Employer or its testing agent is required by law or court order to divulge said information.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE**



## ATTACHMENT TO THE TOWN OF LANTANA APPLICATION FOR EMPLOYMENT

### **Notice to Applicant Regarding Veterans' Preference**

Chapter 55A-7, Florida Administrative Code (FAC), implementing the provisions of Chapter 295, Florida Statutes, giving Veterans' Preference in employment became effective March 30, 1988. Preference eligible applicants who meet the qualifications for the position shall be given preference over any other applicant with equal qualifications.

After October 1, 1987, a veteran's preference can be used only one (1) time and expires when the applicant is employed in a position for which he or she has claimed preference.

DOCUMENTATION, AS STATED BELOW, MUST BE SUBMITTED WITH THE EMPLOYMENT APPLICATION TO BE GIVEN VETERANS' PREFERENCE.

Veterans, Disabled Veterans and Spouses of Disabled Veterans shall furnish Form DD-214 (military Discharge Papers) or its equivalent from the VA listing military status dates of service and discharge type.

Disabled Veterans shall also furnish a document from the VA, DOD or Division of Veterans' Affairs certifying that the Veteran has a service-connected disability.

Spouses of Disabled Veterans shall also furnish either a certification from the DOD or the VA that the veteran is totally and permanently disabled or an identification card issued by the DOD; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.

Spouses of Persons on Active duty shall furnish a document from the DOD or the VA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of the application for employment.

Unmarried Widow or Widower of a Deceased Veteran shall furnish a document from the Department of Defense or the Veterans Administration certifying the service-connected death of the veteran, and shall furnish evidence of marriage and a statement that the spouse is not remarried.

Please note that the Town of Lantana is mandated by the State of Florida to give Veterans' Preference. All rules and regulations regarding same are set by the State and the Town has no control over them.

PLEASE COMPLETE AND SIGN THE SECOND PAGE OF THIS FORM. IF YOU ARE CLAIMING VETERANS' PREFERENCE, DOCUMENTATION MUST BE ATTACHED.

## VETERANS' PREFERENCE

Are you claiming veteran's employment preference? Yes No

If the answer to the above question is "Yes", please answer the following questions:

**VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veterans' preference. Documentation substantiating your claim must be furnished at the time of application.

1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans 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 and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during periods of wartime defined by the Florida Legislature. Active duty for training is not allowable, or
4. The unremarried widow or widower of a veteran who died of a service-connected disability.

\_\_\_\_\_  
Branch of Service

\_\_\_\_\_  
Date of Entry

\_\_\_\_\_  
Date of Discharge

Have you claimed and been employed through veterans' preference since October 1, 1987?

Yes No

If "yes", give name of employer: \_\_\_\_\_

Note: Under Florida law, preference in appointment and employment shall be given by the State and its political subdivisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veteran's preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint shall be filed within twenty-one (21) calendar days after notice of a hiring decision is received.

If an applicant has not received notice of a hiring decision within two (2) calendar months of the receipt of the application by the employer, the applicant must contact the employer to determine if the position was filled by a nonpreferred applicant, and may file a complaint within three (3) calendar months of the date the applicant was received by the employer.

I acknowledge that I have read and understood the rights expressed in this notice.

\_\_\_\_\_  
Applicant's Signature (date)

# TOWN OF LANTANA



## PRE-EMPLOYMENT AGREEMENT

## EMPLOYMENT INQUIRY RELEASE

I understand that as a condition of employment, statements I have made either verbally or in writing in the course of my seeking employment with the Town of Lantana, will be verified through various sources including but not limited to a Criminal History Records search, Driver's License History, credit reports, education records, former and current employers, and personal references. I hereby authorize the Town of Lantana to obtain any information in your files pertaining to any past or present employment, credit, or educational records, including, but not limited to, academic achievement, the product of any and/or all background, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records. Additionally, I authorize the Town of Lantana to conduct a credit, criminal, and driving record inquiry. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of the Town of Lantana. Consent is further granted for the Town of Lantana to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Other Prior Names/Aliases \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **PARENTAL CONSENT (where applicable)**

By signing this form, I authorize my minor child to sign this Disclosure and Consent form.

Parent/Guardian's Name \_\_\_\_\_ (print name)

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE REGARDING THE COLLECTION AND USE OF YOUR SOCIAL SECURITY NUMBER BY THE TOWN OF LANTANA, FLORIDA**

PURSUANT TO SUBPARAGRAPH 119.071(5)(a)2.a., *FLORIDA STATUTES*, THE TOWN OF LANTANA IS PROVIDING YOU WITH THE FOLLOWING STATEMENT AS A RESULT OF THE TOWN'S REQUEST FOR YOUR SOCIAL SECURITY NUMBER. YOUR SOCIAL SECURITY NUMBER IS BEING COLLECTED BY THE TOWN EITHER BECAUSE SUCH REQUEST IS SPECIFICALLY AUTHORIZED BY LAW OR ITS USE IS IMPERATIVE TO THE PERFORMANCE OF THE TOWN'S DUTIES AND RESPONSIBILITIES UNDER LAW. YOUR SOCIAL SECURITY NUMBER WILL NOT BE USED FOR ANY PURPOSE OTHER THAN AS PROVIDED BELOW:

**THE TOWN OF LANTANA, FLORIDA, COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: CLASSIFICATION OF ACCOUNTS; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION; RECONCILIATION; TRACKING; BENEFIT PROCESSING; AND TAX REPORTING. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE, NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.**

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Signature

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Date

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Name (printed)