



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: _____

Position: _____ Salary desired: _____ Date you can start: _____

Employment desired: Full Time Part Time Seasonal Available weekends and holidays? _____

Referred by: _____

ELIGIBILITY TO WORK

ARE YOU 18 YEARS OR OLDER? 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

EDUCATION

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 one year.

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.