

TOWN OF INDIAN SHORES  
APPLICATION FOR EMPLOYMENT

TOWN OF INDIAN SHORES  
19305 Gulf Boulevard  
Indian Shores, FL 33785-2214

(AN EQUAL OPPORTUNITY EMPLOYER)

PLEASE PRINT

Position(s) Applied For: \_\_\_\_\_

Date of Application \_\_\_\_\_

Last Name First Name (M.I.)

Address Number Street City State Zip

Telephone Number Social Security Number

Notify in case of emergency:

Name Address Phone Number

Have you ever been known by any other name? \_\_\_\_\_

Have you ever been employed with us before? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Eligibility to work in the U.S. is subject to verification upon hire.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Have you ever been convicted of a felony or pled nolo contendere, regardless of adjudication? Yes \_\_\_\_\_ No \_\_\_\_\_

(Conviction or a plea of nolo contendere will not necessarily disqualify  
An applicant from employment.)

Note: It is the policy of the Town not to discriminate on the basis of race, sex, color, national origin, religion, age, marital status or disability and further to make reasonable accommodations as required by law. The Town of Indian Shores is a Drug-Free Workplace.

If you are applying for a position which involves driving, please complete the following three questions:

Current Valid Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Type of License: Operator's \_\_\_\_\_ Chauffeur's \_\_\_\_\_ Restricted \_\_\_\_\_

Has your license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail:

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(NOTE: Police & Driving records will be checked on applicant)

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, state birth date \_\_\_\_\_

EDUCATION

ELEMENTARY  
SCHOOL

HIGH  
SCHOOL

UNDERGRADUATE  
COLLEGE/UNIV.

GRADUATE/  
PROFESSIONAL

Describe any job related specialized training, apprenticeship, skills and extra-curricular activities.

State any additional job related information you feel may be helpful to us in considering your application.

List professional, trade, business or civic activities and offices you would like us to consider.

REFERENCES:

Give name, address and telephone number of three references who are not related to you.

HEALTH:

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_

(All job offers are conditioned on successful completion of a physical examination administered by an authorized Town physician.)

EMPLOYMENT EXPERIENCE:

Provide work history for the last ten years. Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Hourly Rate/Salary  
Starting/Final \_\_\_\_\_

2. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Hourly Rate/Salary  
Starting/Final \_\_\_\_\_
3. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Hourly Rate/Salary  
Starting/Final \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

*If you are an honorably discharged Veteran, you may be eligible for Veteran's Preference in consideration of your application for employment. Substantiating documents must be furnished at the time of application.*

Do you request a Veteran's Preference? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please designate the basis for your preference below.

- \_\_\_\_\_ 1. As 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.
- \_\_\_\_\_ 2. As 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 foreign power.
- \_\_\_\_\_ 3. As a Veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, if any part of such active duty was performed during a wartime era. Active duty for training is not allowable.

4. As the unmarried spouse of a Veteran who was killed in action, or died of service-connected disability.

Branch of Service	Date of Entry	Date of Discharge
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Have you been employed by a State, County, or local government as of or since October 1, 1987? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name the employer: \_\_\_\_\_

*NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with FA 295.08 may file a complaint with THE DIVISION OF VETERAN'S AFFAIRS. (P.O. BOX 31003 ST. PETERSBURG, FLORIDA 33731) within 21 calendar days from the date of notice of hiring decision.*

APPLICANT CERTIFICATION (READ CAREFULLY BEFORE SIGNING):

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that should I be employed, any false, incomplete or incorrect statements of any fact may cause dismissal from Town employment, regardless of when discovered.

I agree to furnish proof to substantiate the information in this application. I also agree to submit to a medical examination as may be required after an offer of employment has been extended and I understand that all offers of employment are conditioned on such medical examination. Such examination may include a drug and alcohol screening. Further, I understand that I may be subject to drug and alcohol screening after employment.

I voluntarily give permission to the Town of Indian Shores to make investigations of information contained in this application and do hereby fully release the Town and its agents from liability for doing so.

If I am employed by the Town of Indian Shores, I will conform to the rules, regulations and policies of the Town of Indian Shores.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

RELEASE OF INFORMATION

I VOLUNTARILY GIVE PERMISSION TO THE TOWN OF INDIAN SHORES TO CONDUCT BACKGROUND INVESTIGATIONS PERTAINING TO MY CHARACTER AND RELIABILITY, AND DO HEREBY FULLY RELEASE THE TOWN AND ITS AGENTS FROM LIABILITY FOR DOING SO.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

## NOTICE

### EMPLOYEE SCREENING FOR PUBLIC SAFETY

All employees required by law to be screened shall be required to undergo background screening as a condition of employment and continued employment. Screenings may include any or all of the following, but may not be limited to, employment history checks, local criminal history checks through local police agencies, statewide criminal history checks through the Florida Department of Law Enforcement, and/or national criminal history checks through the Federal Bureau of Investigation.

Said employment positions to be screened include, but are not limited to, those critical to security or public safety, or for any private contractor, employee of a private contractor, vendor, repair person, or delivery person who has access to any Town facility or Town operated facility that the governing body of this municipality, or its Chief of Police, finds is critical to security or public safety.

I HEREBY ACKNOWLEDGE I HAVE RECEIVED THE EMPLOYEE SCREENING NOTICE

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SIGNATURE

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DATE

**TOWN OF INDIAN SHORES**  
**SOCIAL SECURITY NUMBER**  
**COLLECTION AND USE POLICY**

The Town of Indian Shores collects your social security number for the following purposes: Identification and verification; data collection; tracking; processing of employment benefits; applicant and employee background checks; credit history; and income reporting and will be used solely for those purposes. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.