

**TOWN OF LONGBOAT KEY**  
 Administrative Services Department  
 501 Bay Isles Road; Longboat Key, FL 34228  
 Phone: (941)316-1999 Fax: (941)316-1656  
**APPLICATION FOR EMPLOYMENT**

*Your application will not be considered unless complete answers are provided to all questions on this application. Resumes may be submitted as supplements, but cannot be accepted in lieu of any part of this application.*

(Please Print in Ink)

1.

|                                   |                       |             |          |   |                   |
|-----------------------------------|-----------------------|-------------|----------|---|-------------------|
| NAME (Last)                       | (First)               | MI          | -        | - | Social Security # |
| PRESENT ADDRESS (number & street) | City                  | State       | Zip Code |   |                   |
| HOME TELEPHONE #                  | ALTERNATE TELEPHONE # | REFERRED BY |          |   |                   |

2. Are you eligible to work in the United States? \_\_\_\_\_ “Proof of eligibility will be required before you can be employed”.  
 Are you an alien lawfully admitted for permanent residence? \_\_\_\_\_ (Alien # A \_\_\_\_\_)  
 Are you an alien authorized by the Naturalization and Immigration Service to work in the U.S.? \_\_\_\_\_  
 (Alien # A \_\_\_\_\_ or Admission # A \_\_\_\_\_, Expiration of employment authorization, if any \_\_\_\_\_)

3. How long have you lived at your current address? \_\_\_\_\_.

4. Position(s) applied for: (Please use specific titles)

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Can you perform the essential duties of the position of which you are applying, as these duties are set forth in the job description, with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have you previously been employed by the Town of Longboat Key? \_\_\_\_\_ If yes, when, in what position, and what was your reason for leaving? \_\_\_\_\_

6. Do you have any relatives working for the Town of Longboat Key? \_\_\_\_\_ If yes, give their full name(s), relationship to you and their present position with the Town of Longboat Key. \_\_\_\_\_

7. Have you any outside employment? \_\_\_\_\_ If yes, explain fully the nature of such business or employment.

8. Have you ever worked under a different name? \_\_\_\_\_ If yes, name \_\_\_\_\_  
*A MVR background check will be conducted on individuals selected for appointment to positions that require the operation of a Town vehicle. The Town of Longboat Key reviews driving records annually; therefore your driving record is subject to review.*

9. To the best of your knowledge, has anyone ever filed a complaint in federal or state court, or a charge with any local, state, or federal agency, **against you** alleging unlawful harassment or unlawful discrimination? \_\_\_\_\_

10. Has anyone accused **you** of unlawfully harassing them or discriminating against them? \_\_\_\_\_ If so, please give date(s) the employer(s), circumstance(s) and outcome.

**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_  
**Applicant ID Code** \_\_\_\_\_ **Veterans Preference Applies** \_\_\_\_\_

11. Have you ever been convicted of any felony, had adjudication withheld or any crime other than a traffic violation in which either alcohol or illegal drugs were involved? Include details of the type of crime, the date of conviction and the penalty imposed.

*NOTE: You are advised that a conviction may not be an automatic bar to your employment. Factors such as your age at the time of the offense(s); how long ago such offense(s) occurred; seriousness and nature of offense(s); extent of relationship between conviction(s) and each particular position you apply for; and rehabilitation efforts will be taken into account. Falsification of your answers will result in your dismissal if you are employed.*

---

---

---

12. Have you ever been convicted of a felony, pled no contest to a felony charge against you? \_\_\_\_\_ If so provide all related information including case number and conviction involved.

13. Have you ever used, possessed, cultivated, sold or attempted to sell illegal controlled substances as defined by Florida Statutes, Chapter 893? \_\_\_\_Yes \_\_\_\_No

14. If so, state the most recent time and what illegal controlled substance you used, cultivated, sold or attempted to sell?

---

---

15. Have you ever been discharged or dismissed from a job? \_\_\_\_\_ If yes, explain what for, name of the employer and whether or not you think the decision to terminate you was fair. \_\_\_\_\_

---

---

16. Do you have a valid Florida Driver's or Chauffeur's License? \_\_\_\_Yes \_\_\_\_No

If yes, give type, number & expiration date \_\_\_\_\_

17. Do you have a valid driver's license from another state? If so what state and what type of license? \_\_\_\_\_

Give state of issuance and expiration date \_\_\_\_\_

18. Has your driver's license ever been suspended or revoked? \_\_\_\_\_ If yes, explain fully, giving date and reason: \_\_\_\_\_

---

---

19. Do you have a valid Florida Commercial Driver's License (CDL)? \_\_\_\_\_ If yes, class? \_\_\_\_\_ and Endorsements? \_\_\_\_\_

20. Indicate any licenses you hold such as Emergency Medical Technician, Water/Wastewater Operator, Professional Engineer, etc., showing the licensing authority, where the license was issued and the date of expiration. (Not Vehicle Operator Lic.) \_\_\_\_\_

---

---

21. Have you ever been employed by the State of Florida or any of its political jurisdictions (i.e. State, County or City government, or school board)? \_\_\_\_\_ If yes, provide name of employer and date of initial employment: \_\_\_\_\_

---

**EDUCATION AND TRAINING (Candidates will be responsible for presenting transcripts, diplomas or certificates if employed).**

22. CHECK ALL THAT APPLY: G.E.D. Certificate \_\_\_\_\_ H.S. Diploma \_\_\_\_\_ College Degree \_\_\_\_\_

Name and location of the last high school attended: \_\_\_\_\_



CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ TITLE \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_ DUTIES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 IMMEDIATE SUPERVISOR: \_\_\_\_\_

| NAME OF PRESENT OR LAST EMPLOYER | May we contact:<br>Yes/No | FROM<br>MO/YR | TO<br>MO/YR | STARTING SALARY |
|----------------------------------|---------------------------|---------------|-------------|-----------------|
| _____                            | _____                     | _____         | _____       | _____           |
|                                  |                           |               |             | FINAL SALARY    |
|                                  |                           |               |             | _____           |

CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ TITLE \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_ DUTIES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 IMMEDIATE SUPERVISOR: \_\_\_\_\_

| NAME OF PRESENT OR LAST EMPLOYER | May we contact:<br>Yes/No | FROM<br>MO/YR | TO<br>MO/YR | STARTING SALARY |
|----------------------------------|---------------------------|---------------|-------------|-----------------|
| _____                            | _____                     | _____         | _____       | _____           |
|                                  |                           |               |             | FINAL SALARY    |
|                                  |                           |               |             | _____           |

CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ TITLE \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_ DUTIES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 IMMEDIATE SUPERVISOR: \_\_\_\_\_

| NAME OF PRESENT OR LAST EMPLOYER | May we contact:<br>Yes/No | FROM<br>MO/YR | TO<br>MO/YR | STARTING SALARY |
|----------------------------------|---------------------------|---------------|-------------|-----------------|
| _____                            | _____                     | _____         | _____       | _____           |
|                                  |                           |               |             | FINAL SALARY    |
|                                  |                           |               |             | _____           |

CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ TITLE \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_ DUTIES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 IMMEDIATE SUPERVISOR: \_\_\_\_\_

## STATEMENT OF UNDERSTANDING AND AUTHORITY FOR RELEASE OF INFORMATION:

### **To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records:**

I hereby give The Town of Longboat Key permission to make a thorough investigation of my entire background, including but not limited to, my work, educational record, achievement, attendance, personal history, disciplinary records, credit records and criminal history records and to investigate all other data I have provided. I also authorize and release any former employer, or its representatives as well as any and all other persons to provide The Town of Longboat Key with any and all information they or the Town considers relevant to my possible employment regardless of whether such information about me is positive or negative. *It is my understanding that **this application** by law, will become public record when submitted and the Town of Longboat Key cannot guarantee me it's confidentiality further understand that if employed, other potential employers may contact The Town of Longboat Key from time to time for job-related information.* I hereby authorize the Town of Longboat Key to provide any information it deems relevant whether good or bad to potential employers upon request. The Town of Longboat Key will redact all information not subject to disclosure under Florida Statutes Chapter 19 (Florida Sunshine Law) social security numbers, date of birth, etc.

I have read and understand all of the information and agree to the terms provided herein and I hereby release the Town of Longboat Key, as well as all its employees, elected officials and agent, and others from any liability which may result from furnishing the information as set forth above.

All requests for information have been completed as fully and accurately as possible and I recognize that any material misrepresentation or pertinent omission of fact in my application as determined by the Town may disqualify me from employment with the Town of Longboat Key or if employed and later discovered may result in termination of my employment.

*Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employer is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.*

#### PROBATION –

- The initial probation period for full time regular employees is one hundred eighty days unless their job requires a certification, licensing on completion of a training period in which case the probationary period is one hundred eighty (180) days on obtaining the required license, certification on successfully completing the training program whichever last occurs. Either initial probationary period maybe extended by Management for an additional ninety days (90).
- Full time employees who have not successfully completed the applicable probationary period or extension thereof, and all part time, temporary or seasonal employees serve in their positions as Town employees at the will and pleasure of the Town Manager or his designees.

#### DRUG SCREENING –

- To the extent allowed by law all applicants for employment must pass a drug test as a condition of being offered employment. Refusal to take a test and when directed by the Town will eliminate the applicant from further consideration. If employed all employee are subject to testing for use of illegal substances at any time subject to applicable law and The Town Drug & Alcohol Policy.

**VETERAN'S PREFERENCE**

The Town of Longboat Key is an Equal Opportunity / Affirmative Action Employer, who provides hiring preference to eligible veterans and their family members, and has a strong drug free workplace and alcohol abuse policy.

The Town of Longboat Key encourages Veterans and members of their family to apply for employment with the Town. The Town provides preference to Veterans for vacancies for which they are qualified in accordance with applicable state and federal law.

**Check the appropriate block if you are claiming Veteran's Preference and attach appropriate documentation.**

Preference in appointment to certain positions is extended to eligible veterans and spouses of veterans. Check the appropriate box if you are claiming veteran's preference. A DD214 (Certificate of Release or Discharge from Active Duty) and/or other documentation must be furnished at the time of application.

A disabled veteran who is eligible for or receiving compensation under public laws administered by the U.S. Veteran's Administration and the Department of Defense; or

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

A veteran of any war who has served on active duty for one day or more and was honorably discharged from the U.S. Armed Forces if any part of such active duty was performed during the wartime era.

The un-remarried widow or widower of a veteran who died of a service connected disability.

If you feel that you are not afforded preference in consideration for appointment to certain positions or of a non-preference eligible applicant is appointed to the position in the Town of Longboat Key government, you have the right to request an investigation. To exercise this right you must file a written complaint with the Florida Division of Veteran's Affairs, PO Box 31003, St. Petersburg, FL 33731. Such complaint must be filed within 21 calendar days from the date you receive written notice of the hiring decision.

---

**FOR OFFICE USE ONLY:**

Veteran's Preference:    Request \_\_\_\_\_ Proof \_\_\_\_\_    Disabled \_\_\_\_\_ Approved by: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

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

## REFERENCES

Please list 3 references that are not relatives.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Years acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Years acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Years acquainted: \_\_\_\_\_

---

Town Use Only:

Background information notes and verification to be completed by Town Representative

---

**FCRA CONSUMER REPORT DISCLOSURES  
AND AUTHORIZATION FOR RELEASE OF INFORMATION**

As required by the Fair Credit Reporting Act, this is to advise you that a consumer report and/or investigative consumer report (including information as to your character, general reputation, personal characteristics, and mode of living) may be obtained by the Town from a consumer reporting agency for employment purposes as part of a pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.

By signing this form, I HEREBY AUTHORIZE the Town, or its representative to obtain consumer reports, investigative consumer reports and/or any other information pertaining to my employment, credit, education or military service from any and all employers, former employers, credit agencies, educational institutions, law enforcement agencies, governments, consumer reporting agencies and any other individual or entity possessing such information.

I HEREBY RELEASE from all liability any persons or entities supplying information pursuant to a request by the Town, or its representative, as authorized by this release. This authorization and release shall remain in effect during the period of time that the Town is considering me for employment, or for the length of my employment, whichever is later.

|                                 |             |
|---------------------------------|-------------|
| Printed Full Name: _____        |             |
| Social Security #: _____        |             |
| Current Address: _____<br>_____ |             |
| Telephone#: _____               |             |
| Signature: _____                | Date: _____ |

---

Town Use Only:

Background information notes and verification to be completed by Town Representative

---

Mail or Fax Completed Application to:  
The Town of Longboat Key  
501 Bay Isles Road  
Longboat Key, FL 34228  
Fax (941)316-1656