



Town of Haverhill

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

4585 Charlotte Street
Haverhill FL, 33417-5911

INSTRUCTIONS: Submit the original application only. Please type or print the application in **BLACK** ink. **ANSWER ALL QUESTIONS.** If a question does not apply, write “**Not Applicable**” or “**N/A.**” You may include a resume or other job-related documentation as a supplement to this application. However, you must provide all information requested in the application. If additional space is needed, please use a blank sheet of paper of the same size as this application, and include your name and position applied for.

Position Applied For:		
Last Name:	First Name:	MI:
Mailing Address:		Apt. No.:
City:	State:	Zip Code:
E-Mail:	Phone:	Other Phone:
Date and Month of Birth:	Social Security Number:	

EDUCATION

NAME OF INSTITUTION ATTENDED AND LOCATION	MAJOR/COURSE OF STUDY	DEGREE RECEIVED	DID YOU GRADUATE?	
HIGH SCHOOL:			Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>	Equivalency G.E.D. Yes <input type="checkbox"/> No <input type="checkbox"/>
COLLEGE/UNIVERSITY:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTHER EDUCATION/TRAINING:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
LICENSES/CERTIFICATES:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
LICENSES/CERTIFICATES:			Yes <input type="checkbox"/> No <input type="checkbox"/>	

BACKGROUND INFORMATION:

Are you a citizen of the U.S.? Yes No If you answered No, do you possess one of the following: An I-151 card, and I-551 card, and I-94 card stamped “Employment Authorized” or any other proof of employment authorization from the Immigration and Naturalization Service? Yes No If you answered yes, please attach copy of documents.

Have you ever been convicted of a felony or first-degree misdemeanor, pled “Nolo Contendere,” or, pled guilty to a crime, which is a felony or a first-degree misdemeanor, or, have you ever had the adjudication of guilt withheld to a crime, which is a felony or a first-degree misdemeanor? Yes No If you answered yes, please give dates, city and state, charges, and disposition of the case:

MILITARY VETERANS' PREFERENCE

Are you now or have you ever been a member of any branch of the military service, Reserves or National Guard? Yes No
(If you answered Yes, complete the remainder of this section. If you answered No, please skip to the next section).

Branch:	Dates of Service (Month/Year From: To:	Type of Discharge:
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Were you ever the subject of disciplinary action? Yes No If you answered yes, provide the date, details of the offense and type of disciplinary action:

Are you claiming Veterans' Preference for the position in which you are applying? Yes No If you answered yes, check the appropriate information below AND provide a clear copy of your DD-214 to substantiate your claim. The DD-214 must be furnished at the time of application.

- 1. A veteran with a 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 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 was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. 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 OCTOBER 1, 1987?

YES NO IF YES, NAME OF EMPLOYER: _____

*AS DEFINED BY FLORIDA LAW

NOTE: Under Florida Law, preference in appointment shall be given for covered Town positions, first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days from the date the applicant received notice that a hiring decision was made by the employing agency or within 3 months of the date the application is filed with the employer, if no notice is given.

LAW ENFORCEMENT FLAG/PUBLIC RECORDS

Florida Statute 119.07 provides certain exemptions from public inspection of records for active and former public safety personnel including police and certified fire fighters, code inspectors and code enforcement officers and their families.

Do you and/or your spouse fall into one of the aforementioned categories? YES NO If you answered yes, please state:

Last Date of Employment: _____ Last Department Employed: _____

Do you have any relative(s), either by blood or by marriage, who is/are employed by the Town of Haverhill? YES NO

Relatives include: Father, Mother, Son, Daughter, Brother, Sister, Uncle, Aunt, First Cousin, Nephew, Niece, Husband, Wife, Father-In-Law, Mother-In-Law, Son-In-Law, Daughter-In-Law, Brother-In-Law, Sister-In-Law, Stepfather, Stepmother, Stepson, Stepdaughter, Stepbrother, Stepsister, Half Brother, or Half Sister. If so, please list below:

NAME	RELATIONSHIP	DEPARTMENT

EMERGENCY CONTACT:

Name: _____	Relationship _____
Address: _____	Phone: _____

DRIVER'S LICENSE:

Do you possess a valid driver's license? _____	Driver's License State: _____
Driver's License Number: _____	Class: _____
Endorsement: _____	Expiration Date: _____

EMPLOYMENT HISTORY:

Please list all full and part-time paid work experience. Start with the most recent position and work backward. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to show that you meet the minimum requirements of our position. If necessary, use additional sheets in the same format. **Resumes may not substitute for any information requested on this application, but may be submitted in addition to a completed application.**

Present or Most Recent Job

Name of Present or Last Employer: _____	City/State: _____	Phone: _____
Address: _____	Supervisor: _____	
Your Job Title: _____	Starting Salary: _____	Current/Final Salary: _____
From: _____ To: _____	JOB DUTIES: _____	
Reason For Leaving: _____		
May We contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous Job

Name of Present or Last Employer: _____	City/State: _____	Phone: _____
Address: _____	Supervisor: _____	
Your Job Title: _____	Starting Salary: _____	Current/Final Salary: _____
From: _____ To: _____	JOB DUTIES: _____	
Reason For Leaving: _____		
May We contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous Job

Name of Present or Last Employer: _____	City/State: _____	Phone: _____
Address: _____	Supervisor: _____	
Your Job Title: _____	Starting Salary: _____	Current/Final Salary: _____
From: _____ To: _____	JOB DUTIES: _____	
Reason For Leaving: _____		
May We contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous Job

Name of Present or Last Employer: _____	City/State: _____	Phone: _____
Address: _____	Supervisor: _____	
Your Job Title: _____	Starting Salary: _____	Current/Final Salary: _____
From: _____ To: _____	JOB DUTIES: _____	
Reason For Leaving: _____		
May We contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List All Periods of Unemployment and Any Relevant Volunteer Work in the Past 10 Years

From		To		Description of Activities and/or Volunteer Work
Month	Year	Month	Year	

PERSONAL/PROFESSIONAL REFERENCES:

List three personal/professional references. Please give complete addresses and phone numbers (including City, State, Zip Code, and Area Code). **Do not include relatives.**

1. Name: _____ Address: _____
Phone No.: _____ Occupation: _____
2. Name: _____ Address: _____
Phone No.: _____ Occupation: _____
3. Name: _____ Address: _____
Phone No.: _____ Occupation: _____

APPLICANT'S STATEMENT

I understand that the Town of Haverhill is an Equal Opportunity Employer and does not discriminate in employment or in any personnel action, and that no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by law.

I understand that the Town of Haverhill, is in no way obligated to provide employment, nor am I obligated to accept employment. I understand that the employment application is "at will" which means that if an employment relationship is established, the Town of Haverhill or I may terminate the employment relationship at any time and for any reason, with or without notice or prior discipline.

I understand that this application will remain in the Town's active file for six (6) months, and that I am responsible for updating my application, including any changes in my address, phone number, employment history, etc.

I agree to voluntarily consent to any lawfully administered post-offer physical examination, drug and alcohol screening, background screening.

I understand that should I become an employee, that upon termination of employment, I will return all Town-owned property issued to me by the Town of Haverhill.

APPLICANT CERTIFICATION: I have read and understand all the instructions and certify that all answers and statements on this application are true to the best of my knowledge. I understand that falsification of information on this application, related employment papers, and during all interviews may result in rejection of my application and if employed, may result in disciplinary action up to and including termination of my employment.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

It is the policy and practice of the Town of Haverhill to treat all employees with dignity and respect and to provide equal employment to all persons with regard to race, color, religion, sex, pregnancy, national origin, citizenship, age, disability, marital status, familial status, or sexual orientation, military status, gender identity or expression or any other category protected by law.



Town of Haverhill

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

It is the policy and practice of the Town of Haverhill to treat all employees with dignity and respect and to provide equal employment to all persons with regard to race, color, religion, sex, pregnancy, national origin, citizenship, age, disability, marital status, familial status, or sexual orientation, military status, gender identity or expression or any other category protected by law. The following information is requested for Equal Employment Opportunity record keeping and statistical reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964, and amended by the Equal Employment Opportunity Act of 1972, Section 709(c).

This information is strictly voluntary and applicants do not have to answer any of the below mentioned questions. This information will not be used during the hiring process, and will be kept confidential.

Application Date: _____ Position Applied For: _____

Sex: Male Female Non-Binary Prefer Not to Answer

Date of Birth: _____ (to be used for criminal background check purposes)

National Origin: (Please check only one)

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Prefer not to Answer