

Islamorada, Village of Islands



APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Type of work you are available for: ___Full Time ___Part Time ___Seasonal ___Shift Work											
How did you learn about Islamorada, Village of Islands? ___Advertisement ___Walk-in ___Agency ___Relative											
Do you have any relatives employed by Islamorada, Village of Islands? ___No ___Yes Name & Relation: _____											
Islamorada is a Florida Drug-Free Work Place											

EDUCATION

High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

PREVIOUS EMPLOYMENT- START WITH YOUR MOST CURRENT EMPLOYER

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Any Technical/Special Training (Describe specialized training, apprenticeships and extracurricular activities):

Describe any volunteer experience:

List professional, trade, business or civic activities and offices you have held:

Are you able to perform all essential functions of the position for which you are applying for? _____ Yes _____ No

If no, are there reasonable accommodations that can be made?

MILITARY SERVICE

Branch	From	To
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It is the applicant's responsibility to provide DD 214- Member 4 Copy

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Islamorada, Village of Islands is an Equal Opportunity Employer that provides a Drug-Free Workplace. Applicants selected for the hiring process will undergo a pre-employment drug screen.

We hire only U.S. citizens and lawfully authorized alien workers. Islamorada uses the E-Verify system. E-Verify is an Internet-based system that allows businesses to determine the eligibility of their employees to work in the United States.

If you need an accommodation because of a disability in order to participate in the application/selection process, please notify the Village Clerk.

The State of Florida does not tolerate violence in the workplace.

Preference shall be given to certain veterans and spouses as provided by Chapter 295, Florida Statutes.

**Consent to Urinalysis Results
to Islamorada, Village of Islands**

I do hereby voluntarily agree to undergo a pre-employment urinalysis test for drugs and/or alcohol. I do hereby give my consent to release results of this testing to Islamorada, Village of Islands, to be used as part of my application process for employment.

Printed Name of Applicant

Date

Signature of Applicant (Must be in Ink)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I hereby authorize you to investigate the accuracy of the information contained in this application for employment, my resume, or any other information I provide. I further authorize you to make such investigations and inquiries of my employment, education, financial, personal, and other related matters as may be necessary in arriving at an employment decision. I release Islamorada, Village of Islands and all employees, schools, organizations, or persons from all claims and liabilities of any nature arising from such investigations or information given. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Islamorada, Village of Islands.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the Village constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In consideration for my employment I agree to conform to the rules and regulations of the Village, acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the Village's sole option and without prior notice to me.

Applicant's Name _____
Printed

Applicant's Signature _____ Date _____
Must use Ink

Authorization for Release of Information

I have made an application for employment with Islamorada, Village of Islands. I hereby give my consent to release pertinent information about my qualifications and fitness for the position I have applied for including employment, financial, education, personal, or other matters as may be requested by Islamorada, Village of Islands to arrive at an employment decision. I release you from all claims and liabilities of any nature arising from damages for any information given.

Printed Name of Applicant

Date

Signature of Applicant (Must be in Ink)