



Town of Ponce Inlet
4300 S. Atlantic Avenue
Ponce Inlet, FL 32127
386-236-2150

**WHERE TO FIND
 VACANCY
 INFORMATION**

- Available on Internet at: www.ponce-inlet.org
- HR Dept. Call (386) 236-2152
- Town of Ponce Inlet
 Human Resources Department
 4300 S. Atlantic Avenue
 Ponce Inlet, Florida 32127

Equal Opportunity Employer/Affirmative Action Employer

POSITION APPLIED FOR

Title

Department

Date of Application

Date you are Available for Employment

Your Social Security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting. This information will be used solely for those purposes.

GENERAL INSTRUCTIONS

- Please type or print in ink.
- To be considered for employment, complete your application in its entirety, sign in the certification section and have your signature notarized.
- A **separate** application must be submitted for each vacancy.
- All information you submit is subject to verification.
- Submit your application to:
Town of Ponce Inlet
Human Resources Department
4300 S. Atlantic Avenue
Ponce Inlet, Florida 32127
- If you require special disability accommodations, notify the department's hiring authority in advance.

HOW DO WE CONTACT YOU

Your Name

Social Security Number

Your Address

Mailing Address if Different

City

County

State

Zip Code

Home Phone

Business Phone

EDUCATION

HIGH SCHOOL:

NAME/ADDRESS OF SCHOOL

RECEIVED: Diploma Other (specify) None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, Etc.

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency

EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. **Resumes are acceptable for the description of duties and responsibilities only.** All other information in this section **must** be completed.

1 Name of Present or Last Employer: _____

Address: _____ Phone No. (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: / / TO: / / HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

2 Name of Present or Last Employer: _____

Address: _____ Phone No. (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: / / TO: / / HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

3 Name of Present or Last Employer: _____

Address: _____ Phone No. (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: / / TO: / / HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

4 Name of Present or Last Employer: _____

Address: _____ Phone No. (_____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: / / TO: / / HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

If needed, attach additional sheets, using the same format as on the application.

SKILLS

List the skills you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

LAW ENFORCEMENT BACKGROUND

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07(3)(k)1, F.S.? Yes No

**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, and certain investigators in the Department of Children and Families [SEE §119.07(3)(k)1, F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR?

Yes No

If "yes," what charges? _____

Where convicted? _____ Date of Conviction _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

Yes No

If "yes," what charges? _____

Where? _____ Date _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

Yes No

If "yes," what charges? _____

Where? _____ Date _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

Yes No

NOTE: The Town of Ponce Inlet hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING FOR THE TOWN OF PONCE INLET?

Yes No

SELECTIVE SERVICE SYSTEM REGISTRATION

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION?

Yes No

CERTIFICATION:

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Ponce Inlet Town government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for Town employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: _____ DATE: _____

NOTARY SECTION:

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____ (name), whose is either personally known to me or provided _____ as identification and took an oath that the information and statements contained in the foregoing instrument are true and correct to the best of his/her knowledge, information and belief.

Notary Public

Stamp/Seal

My commission expires: _____

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. Listed below are the four Veterans' Preference categories.

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. Department of Veterans' Affairs and the Department of Defense, **or**
2. 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**
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from *the Armed Forces of the United States of America*, **or**
4. *The un-remarried widow or widower of a veteran* who died of a service-connected disability.

A **DD214** or comparable document which serves as a certificate of release or discharge claim **must be furnished at the time of application**. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in §.1.01(14), F.S. Veterans' Preference shall expire after an eligible person has been employed by any state or agency of a political subdivision of that state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference does not apply to retired-for-longevity military personnel when a competitive examination is used. However, retired military personnel with a compensable disability are eligible, regardless of whether a competitive examination is used.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE

Your Name: _____

[] IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?
(Please indicate number from Veterans' Preference Information section above)

NOTE: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a **DD 214** (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

Have you ever been employed by any state or any of its political subdivisions (such as counties or cities) prior to the date on this application? Yes No

Note: Employer remove this section prior to the selection process.

EEO SURVEY

Although the following information is not mandatory, it is requested to aid the State of Florida in its commitment to Equal Employment Opportunity and Affirmative Action. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240, 325 John Knox Road, Tallahassee, Florida 32303.

- a. SEX: MALE FEMALE
b. DATE OF BIRTH: _____
c. RACE (Check One Only):
 WHITE BLACK HISPANIC ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN OR ALASKAN
NATIVE _____
 OTHER (Specify) _____

Note: Employer remove this section prior to the selection process.



TOWN OF PONCE INLET/ HUMAN RESOURCE DEPARTMENT

4300 S. Atlantic Avenue

Ponce Inlet, Florida 32127

Phone: (386) 236-2152 // Fax: (386) 322-6717

Authorization To Obtain Information

I authorize a representative of the Town of Ponce Inlet, Florida to perform a Background Investigation of myself in connection with my application for employment for the position of:

Applicant's Printed Name _____

Date of Birth _____

SS # _____

- Your social security number is requested for the purpose of applicant previous employment verification and background investigation and will be used solely for these purposes.
- I understand the investigation may include, but is not limited to, information as to my credit, criminal history, driver's license information and records, personal and professional references, previous employers, and other sources.
- I authorize the release of any information that the Town of Ponce Inlet may request from the above-mentioned sources.

Applicant's signature _____

Date Signed _____

STATE OF _____

COUNTY OF _____

On the _____ day of _____,

before me came _____ whose is

personally known to me or provided _____ as

identification and took an oath that the statements made in said instrument are true.

Notary Stamp/Seal

Notary Signature _____

A copy of applicant's Driver's License or form of ID must be attached to this document.