



America's Seaplane City™

**City of Tavares Employment Application**

201 East Main Street, Tavares, FL 32778

Telephone (352) 742-6264 -Job Line (352) 742-6450

Fax (352) 742-6351 - Email: ApplyToday@Tavares.org

An Equal Opportunity Employer and a Drug-Free Workplace

**Applicants who need accommodation in accordance with the Americans with Disabilities Act are asked to notify Human Resources.**

Posting Number	Position Title	Posting Date

**Name** \_\_\_\_\_  
(Last/First/Middle)

Other Name(s) you are known by \_\_\_\_\_

**Current Address** \_\_\_\_\_  
(City/County/State/Zip)

**Previous Residence** \_\_\_\_\_  
(City/County/State/Zip)

**Phone Number** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**DO YOU WISH TO CLAIM VETERAN'S PREFERENCE?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If yes, in order to be considered for Veteran's Preference, you must complete and submit the "Application for Veteran's Employment Preference", which is available in Human Resources, and a DD214 or other official document(s) from the Division of Veteran's Affairs which substantiates your eligibility for Veteran's Preference.

**All applications and/or resumes *must* be submitted to Human Resources or postmarked by the advertised closing date, *without exception*. Applications and/or resumes are accepted only for positions that are posted and open for recruitment.**

**READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW**

City of Tavares Human Resources staff or other designated City staff are authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for employment, including, but not limited to, military service, education and employment history.

A false answer to any question(s) in this application may be grounds for non-selection, or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statement. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application and attached resume if included, are true. I understand that any misstatement, misrepresentation, material omission or falsification of facts shall cause forfeiture of all rights to employment with the City of Tavares. I understand that should I receive a conditional offer of employment, the following tests may be required as a condition of employment with the City of Tavares; drug screen, medical questionnaire, medical evaluation, employment background check, education background check, certification verification, worker's compensation background check, motor vehicle records check, credit report, criminal history check, polygraph examination, psychological examination and a physical demonstration of job-related skills.

If accepted for employment, I agree to abide by and comply with all rules, regulations, policies and practices of the City of Tavares. I understand that should I be hired by the City of Tavares, my employment with the City is at-will, that I have the right to terminate my employment at any time with or without cause, and that the City has the same right I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the policies and practices of the City of Tavares.

DATE SIGNED

APPLICANT SIGNATURE IN INK

**Type of Employment Sought** (check all that apply)  FULL TIME  PART TIME  HOURS AVAILABLE \_\_\_\_\_

**If a job requirement, will you work:**

Saturday  Sunday  Holidays  Nights  Various Shifts  Other

**Will you travel:**  Yes  No

**Date available for work/service** \_\_\_\_\_

**Did you receive a High School Diploma?** \_\_\_\_\_ Yes \_\_\_\_\_ No **GED?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Universities or State Colleges attended/attending** \_\_\_\_\_

**Type of Degree Received** \_\_\_\_\_ **Indicate Major/Minor** \_\_\_\_\_

*\*To receive consideration for college course work or Vocational Training, please provide quarter/semester or class hours earned in addition to dates attended. You may be required to submit college transcripts or list of courses successfully completed.*

**Business, Technical, Vocational Schools or Correspondence Courses\*\* attended/attending**

**Type of Degree or Program** \_\_\_\_\_ **Indicate Major/Minor** \_\_\_\_\_

*\*\*If correspondence course, please identify as such.*

**Specific Skills: List the equipment with which you have had experience or any special skills you possess.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List the vehicles/equipment you can operate (if applicable to the job for which you are applying). You must also include this information in the Work History section on page 3.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List active licenses, certificates or registrations, the registration number(s) and expiration date(s). (If applicable to the job for which you are applying.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How were you referred to the City of Tavares? (Please check the appropriate box.)**

\_\_\_\_\_ Tavares.org website \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_ Employment Agency \_\_\_\_\_ Walk-In

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Please list the name, address, telephone number and occupation of three (3) personal references who are not relatives or previous employers.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**WORK HISTORY - YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION.** List your most recent employer first. If currently unemployed, leave present employer section of this application blank. Include any unpaid work experience as well as military service. If you held more than one position with the same employer, list each separately. **Please BE SPECIFIC.** You must account for all periods of time for at least the last ten (10) years. If desired, include a resume or additional pages to clarify your work experience. If a resume is attached, be sure that month/year for each employment is reflected on the resume and coincides with the Work History section of this application.

**Present Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Number Supervised:** \_\_\_\_\_ **Last Salary: \$** \_\_\_\_\_ **per** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**May we contact this employer:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Responsibilities:** \_\_\_\_\_



**Past Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Number Supervised:** \_\_\_\_\_ **Last Salary: \$** \_\_\_\_\_ **per** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**May we contact this employer:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Responsibilities:** \_\_\_\_\_



**Past Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Number Supervised:** \_\_\_\_\_ **Last Salary: \$** \_\_\_\_\_ **per** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**May we contact this employer:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Responsibilities:** \_\_\_\_\_



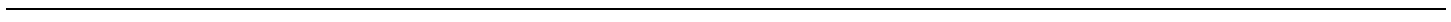
**Past Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Number Supervised:** \_\_\_\_\_ **Last Salary: \$** \_\_\_\_\_ **per** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**May we contact this employer:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Responsibilities:** \_\_\_\_\_



**MISCELLANEOUS** - Answer the following questions by marking an "X" for (yes) or (no). It is imperative that you provide detailed information when requested, i.e., dates, types, etc., in the space provided at the bottom of the page.

**Are you able to perform the essential functions of the position with or without reasonable accommodation?**

\_\_\_\_\_ Yes \_\_\_\_\_ No (If no, please explain) \_\_\_\_\_

\_\_\_\_\_

**Have you even been convicted of or plead guilty or no contest to any criminal violation of law?\_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, please explain. (A conviction does not automatically mean you are ineligible for hire. Please provide date(s), location(s), arresting agency(ies), charge(s) and disposition(s).)** \_\_\_\_\_

\_\_\_\_\_

**Have you ever been discharged for any reason from any job? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain)**

\_\_\_\_\_

**Have you ever been employed by the City of Tavares? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, indicate below, your previous date(s) of employment. Department(s)/Division(s), position(s) and reason for leaving.** \_\_\_\_\_

**Are any members of your family or relatives (by blood or marriage) employed by the City of Tavares?**

\_\_\_\_\_ Yes \_\_\_\_\_ No \*If yes, indicate their name(s), Department(s)/Division(s), and relationship below.

\_\_\_\_\_

**Do you have the legal right to remain and work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Do you have a source of transportation to work? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If no, explain how you will get to work below** \_\_\_\_\_

**Do you possess a current, VALID Florida driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, complete question below. If no, please explain.** \_\_\_\_\_

\_\_\_\_\_

**Indicate which driver's license you possess by checking the appropriate box:  E (Regular Operator's License)**

**Commercial Driver's License (CDL) type:  C  B  A**

**Do you have a driver's license endorsement(s)? If yes, please check the appropriate box(es):**

- H (Any vehicle used to transport hazardous materials in placard able amounts.)
- N (Tank vehicle designed to transport any liquid or gaseous material with designed capacity of 1,000 gallons or more)
- P (Any vehicle designed to transport 16 or more passengers, including the driver.)

**Other** \_\_\_\_\_

**If continuation of an answer, or additional comments applies.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# This form is for completion by applicants, and is used to collect information for reporting purposes only.

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin or age. In keeping with that policy and to help us comply with federal and state Equal Employment Opportunity record keeping, reporting and legal requirements, please answer the questions below.

The information provided is confidential, and will be retained separately from your application for employment.

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Name	Date of Birth	Date of Application
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Sex:            Male \_\_\_\_\_                                  Female \_\_\_\_\_

Vietnam Veteran:                                  Yes \_\_\_\_\_                                  No \_\_\_\_\_  
 Disabled Veteran:                                Yes \_\_\_\_\_                                No \_\_\_\_\_

Race/Ethnic Group:                                \_\_\_\_\_ Hispanic or Latino  
    \_\_\_\_\_ White  
    \_\_\_\_\_ Black or African American  
    \_\_\_\_\_ Asian  
    \_\_\_\_\_ Native Hawaiian or other Pacific Islander  
    \_\_\_\_\_ American Indian or Alaska Native  
    \_\_\_\_\_ Two or More Races

Position(s) applied for, or primary area(s) of interest \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check one:    \_\_\_\_\_ Full-time  
    \_\_\_\_\_ Part-time

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Signature

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Date