



**135 Hwy 40 West  
Inglis, Florida 34449  
Phone: 352-447-2203  
Monday-Friday  
8:00 am till 5:00 pm**

## EMPLOYMENT APPLICATION FORM

The attached Employment Application is to be used when applying for posted employment positions within the Town of Inglis. The Town of Inglis can only accept applications for posted positions. You may include your resume with the Employment Application, but not in place of it.

For information about current job openings, please log on to <https://www.townofinglis.org/> and click the government tab under the business section with the Town of Inglis.

Should you have any questions or require any assistance in accessing the Town's website or application form, please feel free to contact the Town of Inglis at (352)447-2203 Monday – Friday, between 8:00 a.m. and 5:00 p.m.

*The TOWN OF INGLIS ("the TOWN") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital or other protected status.*

**PLEASE ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. PLEASE PRINT.**

**Print "N/A" in any space that does not apply to you. INCOMPLETE APPLICATIONS ARE CONSIDERED INVALID AND WILL NOT BE CONSIDERED.**

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you legally authorized to work in the US on a full-time basis for any employer?  Yes  No  
*Proof of eligibility and identity will be required upon employment.*

Are you available for full time employment?  Yes  No

Have you ever applied with the TOWN?  Yes  No  
If yes, when? \_\_\_\_\_

For which job(s) did you apply? \_\_\_\_\_

Have you been previously employed by the TOWN?  Yes  No  
If yes, when? \_\_\_\_\_

In which job(s) were you employed? \_\_\_\_\_

Give names and positions of any relatives, including in-laws, who work for the TOWN: \_\_\_\_\_

Please indicate hours and shifts or days you are not available to work: \_\_\_\_\_

What are your salary requirements? \_\_\_\_\_  Hourly  Annually

List any job related skills or qualifications that support your application:

Do you smoke or use other tobacco-related products?  Yes  No

Have you ever been discharged or requested to resign from a position?  Yes  No

If so, explain:

Have you ever been convicted of, or plead guilty or *nolo contendere* to a crime?  Yes  No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge?  Yes  No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition:

*Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness. However, false statements or omissions of convictions shall be just cause for disqualification.*

## EDUCATION

Level	Name & Address	Major	Check Highest Grade Completed	Degree/ Diploma/GED
High School			9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	
College			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Other			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	

Do you have any special computer or technical skills and training?

Professional License(s):

## EMPLOYMENT

List all employment since high school, the most recent job first. Attach additional sheets if necessary.

Include periods of unemployment, self-employment and military service.

<b>Employer Name and Address:</b>	<b>Position Title:</b>	<b>Start date:</b>	<b>End date:</b>
		___/___/___	___/___/___
Pay: _____ Per: _____	<b>Skills and Duties:</b>	<b>Reason for Leaving:</b>	

<b>Supervisor:</b>	<b>Telephone:</b>	<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Employer Name and Address:</b>	<b>Position Title:</b>	<b>Start date:</b>	<b>End date:</b>
		___/___/___	___/___/___
Pay: _____ Per: _____	<b>Skills and Duties:</b>	<b>Reason for Leaving:</b>	

<b>Supervisor:</b>	<b>Telephone:</b>	<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Employer Name and Address:</b>	<b>Position Title:</b>	<b>Start date:</b>	<b>End date:</b>
		___/___/___	___/___/___
Pay: _____ Per: _____	<b>Skills and Duties:</b>	<b>Reason for Leaving:</b>	

<b>Supervisor:</b>	<b>Telephone:</b>	<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Employer Name and Address:</b>	<b>Position Title:</b>	<b>Start date:</b>	<b>End date:</b>
		___/___/___	___/___/___
Pay: _____ Per: _____	<b>Skills and Duties:</b>	<b>Reason for Leaving:</b>	

<b>Supervisor:</b>	<b>Telephone:</b>	<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "No" to contacting your present or previous employer, please explain:

Are you currently on "Lay-off" status and subject to recall?

Yes

No

**PERSONAL REFERENCES**

Do not list relatives or previous employers

Name	Address	Phone #	Occupation	Years Known
1.				
2.				
3.				
4.				

Is additional information relative to a change of name or your use of an assumed or different name or nickname necessary to enable the Town to check your work or education records?  Yes  No

If answered yes, please explain:

## APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION

I hereby certify that the answers to the foregoing are true and correct to the best of my knowledge. I understand that the TOWN OF INGLIS (“the TOWN”) will attempt to verify statements made on my application.

I understand that the TOWN requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment form, or in any interview or other oral communication, may be considered sufficient cause for dismissal, if and when discovered. The use of this application does not indicate there are positions open and does not in any way obligate the TOWN.

I authorize personal references, as well as professional references, other persons, companies, corporations, schools, and law enforcement agencies identified in this application to furnish to the TOWN and/or its representatives any information they have concerning me.

I understand that I may be required to submit to drug testing now or at any time in the future and I agree to such testing. Moreover, I understand that my failure or refusal to undergo such testing will result in the withdrawal of my employment application.

I will be able, if hired, to certify that I am authorized to work in the United States of America. The Immigration Reform and Control Act of 1986 requires that, upon hiring, employers verify the authorization to work and identity of all new employees. An offer of employment is contingent upon the TOWN’s ability to verify this necessary information.

I understand that if I am hired, confidential information regarding the TOWN, and/or its customers and employees may be available to me and that this information must not be disseminated or used except for the TOWN’s benefit. If employed, I agree to keep all information about the TOWN, including such information regarding its business methods, protocols, customers and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without the TOWN.

I understand that this application or subsequent employment does not create a contract of employment nor does it guarantee employment for any definite period of time. Should I be hired, I understand that my employment is at-will and my employment may be terminated at any time with or without cause, and with or without notice.

**In Witness Whereof, I Have Hereunto** set my hand and seal the date herein before indicated.

\_\_\_\_\_  
Complete Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

*Sworn to and Subscribed before me this* \_\_\_\_\_ *day of* \_\_\_\_\_, *A.D. 20* \_\_\_\_\_

\_\_\_\_\_  
Notary Public

***INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED***

**OFFICE USE ONLY-DO NOT FILL OUT**

OFFICE USE ONLY:

Application received on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant selected for interview \_\_\_\_\_ Yes    \_\_\_\_\_ No

Date References verified: \_\_\_\_\_

Comments:

Interview Date/Time: \_\_\_\_\_

Background Check Date: \_\_\_\_\_

Comments:

Drug Screen Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## VETERANS' PREFERENCE

Check appropriate item to claim Veterans' Preference. Documentation substantiating your claim **MUST** be furnished at the time of application or your claim for veterans' preference will be invalid.

1. A Veteran who has served duty in any branch of the Armed Forces who has a presently existing service-connected disability 30% or more compensable under public laws administered by the Veterans' Administration; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the Veterans' Administration 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 or interned in line of duty by a foreign government of power; **or**

3. A veteran of any war who has served on active duty for at least one (1) day during the wartime era, including but not limited to the following:

- (a) Spanish-American War: April 21, 1898 to July 4, 1902;
- (b) Mexican Border Period: May 9, 1916 to April 5, 1917;
- (c) World War I: April 6, 1917 to November 11, 1918; extended to April 1, 1920, for those veterans who served in Russia; also, extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921, provided such veterans had at least 1 day of service between April 5, 1917, and November 12, 1918;
- (d) World War II: December 7, 1941, to December 31, 1946;
- (e) Korean Conflict: June 27, 1950, to January 31, 1955;
- (f) Vietnam Era: February 28, 1961, to May 7, 1975;
- (g) Persian Gulf War: August 2, 1990 and ending on the date thereafter prescribed by Presidential proclamation or by law; **or**

4. The unmarried widow or widower of a veteran who died of a service-connected disability.

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Have you claimed and been employed through Veterans' Preference since October 1, 1987?

Yes  No

If yes, give name of Employer: \_\_\_\_\_

**Note:** Under Florida law, preference in appointment and employment shall be given, by the State and its political subdivisions, first to those persons included in #1 and #2 above, and second to those persons included under #3 and #4 above. If any applicant claiming a veterans' preference for a vacant position is not selected for the position, they may file a complaint with the **Division of Veterans' Affairs, P. O. Box 1437, St. Petersburg, Florida 33731**. A complaint shall be filed within 21 days after notice of a hiring decision. If notice of a hiring decision is not given, a complaint may be filed at any time.

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**Applicant's Full Name**

(Please Print)

**BRANCH OF SERVICE**

**DATE OF ENTRY**

**DATE OF DISCHARGE**