

PLEASE READ CAREFULLY

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

I understand that the Town of Jupiter Island (“Town”) will attempt to verify statements made on my application and made during my employment interview. When contacted by the Town, I give permission for my former employers to answer and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. In consideration of the Town’s review of this application, I release the Town and all former employers from any liability as a result of furnishing and receiving this information.

I authorize personal references as well as other persons, companies, municipalities, corporations, schools, and law enforcement agencies to furnish to the Town and/or its agents any information they have concerning me. I understand that false, incomplete or misleading statements or omissions on this application or any other employment form, whether pre-or post-employment, may be considered sufficient cause for dismissal, if and when discovered. For these purposes, all materials that I submit to the Town are considered employment forms. I understand that the use of this application does not indicate there are positions open and does not in any way obligate the Town.

In addition, I understand that:

- I may be required to submit to drug testing or medical evaluations now or, if hired, at any time in the future and I agree to such testing. My failure or refusal to undergo such testing will result in the withdrawal of my application or my separation.
- An offer of employment will depend upon the Town’s ability to verify my employment eligibility.
- If hired, I must conform to the Town’s rules; I am an at-will employee; my employment does not guarantee a position for any length of time; and, I may be required to work overtime, weekends, or holidays. No one other than the Town Manager can make any other arrangements.
- If disabled and I need an accommodation, I should inform the Human Resources Manager and engage in a dialogue to determine the best course of action.
- If hired, confidential information (all non-public information about the Town and its residents) may be available to me and shall not be disclosed to any unauthorized personnel.
- By signing below I am waiving certain rights regarding this application process: my right to a jury trial to resolve any lawsuit arising out of this process; and, my right to participate as a member or representative of a class of similarly situated individuals in any class or collective action lawsuit arising out of this process.

I understand that my failure to sign this form will be considered a withdrawal of my application for employment.

Complete Signature of Applicant _____ Date _____

Due to the volume of applications received, the Town may not interview every applicant. In the event you are selected for an interview, the Town will contact you.

Applications will not be considered active after 90 days from the date of this application.



Town of Jupiter Island

Application for Employment

Town Hall, 2 Bridge Road, Hobe Sound, FL 33455

For electronic submittal: Email HR@tji.martin.fl.us or FAX 772-325-0601

The Town of Jupiter Island ("Town") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, disability, marital, genetic information, veteran, or other protected status.

PLEASE READ THIS APPLICATION THOROUGHLY AND COMPLETE IT HONESTLY. THE TOWN PERFORMS A DETAILED BACKGROUND INVESTIGATION, AND MAY INCLUDE A CONSUMER REPORT, ON ALL FINAL CANDIDATES. INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING NON-REQUESTED INFORMATION ARE CONSIDERED WITHDRAWN AND WILL NOT BE CONSIDERED.

Employment is conditioned on the successful completion of the screening process. By signing this application, the applicant represents that the information provided in this form is given voluntarily and may be used in filing reports required by state and federal governments. The Town may require individuals who successfully complete the initial employment screening process to submit to a drug screening, which may include the taking of blood and or urine samples. The result of such screening will be initially disclosed to the decision makers for the Town and may be the basis for disqualifying any candidate for employment. By signing this application, you agree to hold the Town harmless for any claims resulting from such screening for drug or alcohol use.

Note: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.

PLEASE PRINT

Position applied for _____ Date _____

Type of employment desired: Full-time _____ Part-time _____ Temporary _____

PERSONAL INFORMATION

Name: _____

Last

First

MI

Address: _____

Street

City

State

Zip

Phone (H): _____ - _____ - _____ Phone (C): _____ - _____ - _____ Phone (W): _____ - _____ - _____

May we contact you at work? Yes No Best time to contact you: At work? _____ At home? _____

Email address: _____

Have you been previously employed by the town? Yes No If yes, when? _____

In which job(s) were you employed? _____

Have you ever been convicted of, plead guilty or *nolo contendere* to a crime or have you ever been involved in a case that resulted in an adjudication withheld or *nolle prosequi*? Yes No

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

If you answered either question yes, please explain (state the date, type of crime, place of occurrence, disposition)

Note: Conviction of a crime will not necessarily disqualify you from employment. Each conviction will be judged on its own merit with respect to time and job relatedness.

RELATIVES

To your knowledge, do you have any relatives, including elected officials, by blood or marriage working for the Town?

Yes No If yes, please provide:

Name of Person(s)

Relationship

EDUCATION

	Name and Location of School	Major/ Course of Study	Number of Years Completed	Did You Graduate	Degree/Certificate Awarded
College #1				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College #2				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	

PROFESSIONAL LICENSES, CERTIFICATIONS AND ORGANIZATION MEMBERSHIPS

Agency or Organization Name	Type	Field	License/Number	Expiration

EMPLOYMENT HISTORY

Please list, beginning with your most recent employment, starting with your current employer, and all prior work experience which you have had during the past 10 years or more. *Please account for periods of unemployment.*

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

If you answered either question yes, please explain _____

Company Name	Dates Employed (Month/Year – Month Year)
Address	Telephone Number of Company
Name and Title of Immediate Supervisor	Telephone Number for Immediate Supervisor
Your Job Title	Salary (Start – End)
Reason for Leaving	May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Name	Dates Employed (Month/Year – Month Year)
Address	Telephone Number of Company
Name and Title of Immediate Supervisor	Telephone Number for Immediate Supervisor
Your Job Title	Salary (Start – End)
Reason for Leaving	May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Name	Dates Employed (Month/Year – Month Year)
Address	Telephone Number of Company
Name and Title of Immediate Supervisor	Telephone Number for Immediate Supervisor
Your Job Title	Salary (Start – End)
Reason for Leaving	May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Name	Dates Employed (Month/Year – Month Year)
Address	Telephone Number of Company
Name and Title of Immediate Supervisor	Telephone Number for Immediate Supervisor
Your Job Title	Salary (Start – End)
Reason for Leaving	May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Please attach additional pages if necessary and include a resume if you have one.

PROFESSIONAL REFERENCE

List three professional references who are not your relatives.

Name	Occupation
Applicants Relationship with Reference	Years Known
Address	Telephone Number

Name	Occupation
Applicants Relationship with Reference	Years Known
Address	Telephone Number

Name	Occupation
Applicants Relationship with Reference	Years Known
Address	Telephone Number