



**3614 S. Ocean Boulevard  
Highland Beach, Florida 33487  
Phone: (561) 278-4548  
Fax: (561) 265-3582**

## EMPLOYMENT APPLICATION FORM

Thank you for considering the Town of Highland Beach as a prospective place of employment.

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

For information about current job openings, please log on to [www.highlandbeach.us](http://www.highlandbeach.us) and click Employment Opportunities with the Town of Highland Beach.

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 Highland Beach at (561) 278-4548, Monday – Friday, between 8:30 a.m. and 4:30 p.m.

We appreciate your interest in employment with the Town of Highland Beach.

# TOWN OF HIGHLAND BEACH



**3614 S. OCEAN BOULEVARD  
HIGHLAND BEACH, FLORIDA 33487**

*The TOWN OF HIGHLAND BEACH (“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.*

## TOWN OF HIGHLAND BEACH APPLICATION FOR EMPLOYMENT

**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>
		___/___/___	___/___/___
<b>Pay:</b> _____ <b>Per:</b> _____	<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>
		___/___/___	___/___/___
<b>Pay:</b> _____ <b>Per:</b> _____	<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>Pay:</b> _____ <b>Per:</b> _____	<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>
		___/___/___	___/___/___
<b>Pay:</b> _____ <b>Per:</b> _____	<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 HIGHLAND BEACH (“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.

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

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in employment with the Town of Highland Beach. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you.

Applications will not be considered active after 90 days from date of application unless renewed, in writing, by the applicant.

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

## NOTICE & CONSENT FORM

### DISCLOSURE TO APPLICANT AND CONSENT TO REQUEST CONSUMER REPORT INFORMATION

I understand that the Town of Highland Beach (“the Town”) will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, the Town may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency’s investigation may include obtaining information covering up to the last seven (7) years regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment, liens, and criminal background.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify the Town within two days of my receipt of the report. If I notify the Town within two days of the receipt of the report that I am challenging information in the report, the Town, will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize the Town to procure a report on my background as stated above from a consumer reporting agency.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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



## VETERANS' PREFERENCE

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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**

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(Please Print)

**BRANCH OF SERVICE**

**DATE OF ENTRY**

**DATE OF DISCHARGE**