

Town of Windermere
Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Date of Birth	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been terminated or asked to resign from any prior employment?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been terminated or disciplined for taking things of value from a previous employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you currently use illegal drugs?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been arrested for; convicted of; pled guilty to; pled no contest to; had adjudication withheld for; paid a fine for; performed community service for any felony, misdemeanor or any offense for crimes involving dishonesty, breach of trust, controlled substances, violence, sex or damage to property? Including for any pending or unresolved charges.		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give detailed explanation	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I agree to be electronically fingerprinted as part of the application process. The Town of Windermere also reserves the right to check my credit record as part of the application process. I understand that consumer credit reports or criminal records may be obtained, and authorize the Town of Windermere to obtain such reports and records.

I voluntarily agree to submit to a drug test as part of the application process. I understand that refusal to submit to or pass the test will disqualify me from further consideration for employment.

I understand that employment, if offered, is subject to my satisfying the employment and eligibility requirements of the Immigration Reform and Control Act of 1986.

If I am employed by the Town of Windermere, I will comply with all rules, regulations and directives. I further understand that these rules and regulations may be changed, interpreted, withdrawn or added to by the Town of Windermere at any time, t the Town’s sole option and without any prior notice to me.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should require as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the organization is of an “*at will*” nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result is discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have read in full and agree to abide by the above statements and conditions of employment if hired.

Electronic Signature Authorization. By checking this box I acknowledge that the electronic submittal of this application is the same as submitting a signed application. I further certify that all information contained herein is true and accurate information, and that I have read the application carefully.

Print Name _____

Signature _____

Date _____