



TOWN OF OCEAN RIDGE

EMPLOYMENT APPLICATION

The Town of Ocean Ridge through the applicable laws and regulations including, but not limited to the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, the Age Discrimination in Employment Act of 1967, the Florida Civil Rights Act of 1992, and the Palm Beach County Equal Employment Ordinance prohibits discrimination in employment on the basis of race, color, sex, national origin, religion, age, disability, familial status, marital status, or sexual orientation.

APPLICANT INFORMATION

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary \$	
Position Applied for					
Employment desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Full or Part-time				Days Not Available	
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 or applies to this agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Were you ever injured on the job?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you speak a foreign language?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
List activities of interest other than religious					

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

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO *Conviction will not necessarily disqualify an applicant from employment.*

If yes, explain number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

MILITARY SERVICEHave you ever been in the Armed Forces? YES NO Are you now a member of the National Guard? YES NO

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

REFERENCES (PLEASE LIST THREE PROFESSIONAL REFERENCES)

Full Name	Relationship
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Company	Phone ()
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Address

Full Name	Relationship
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Company	Phone ()
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Address

Full Name	Relationship
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Company	Phone ()
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Address

CURRENT AND PREVIOUS EMPLOYMENT FOR PAST FIVE YEARS (ATTACH SEPARATE PAPER AS NEEDED)

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DO YOU HAVE A DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
What is your means of transportation to work?		
Driver's License number	Expiration date	State of issue <input type="checkbox"/> Operator <input type="checkbox"/> CDL <input type="checkbox"/> Chauffeur
Have you had any accidents during the past three years? YES <input type="checkbox"/> NO <input type="checkbox"/> How many?		
Have you had any moving violations during the past three years? YES <input type="checkbox"/> NO <input type="checkbox"/> How many?		
DISCLAIMER AND SIGNATURE		
I certify that the information given on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, and understand that false or misleading information given in my application or interview(s) may result in discharge.		
I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will", which means that I may resign at any time and the employer may discharge me at any time with or without cause. I further understand that this "at will" employment relationship may not be changed orally, by any written document, or conduct, unless such change is specifically acknowledged in writing by an authorized executive of the organization.		
Applicant's Signature		Date
OFFICE ONLY		
Typing YES <input type="checkbox"/> NO <input type="checkbox"/> _____ WPM		10-Key YES <input type="checkbox"/> NO <input type="checkbox"/>
Personal Computer YES <input type="checkbox"/> NO <input type="checkbox"/>		Word Processing YES <input type="checkbox"/> NO <input type="checkbox"/> _____ WPM
Other Skills		
Town Official Signature		

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