

# Town of Astatula

P. O. Box 609  
Astatula, Florida 34705  
(352) 742-1100 X1  
Fax (352) 742-1970  
Employment Application

The Town of Astatula is an equal opportunity employer and will consider all applicants without regard to race, color, creed, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance to federal law. Applicants requiring accommodation in accordance to the Americans with Disabilities Act are asked to notify City Hall at the number listed above. Applications received by the Town of Astatula will be valid for a period of ninety (90) days. If you wish to be considered for a position after that period, another application must be submitted.

## **GENERAL INFORMATION**

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applying for: Full Time: Part Time: Volunteer: Temporary:

Are you willing to work overtime? Yes: No: Date you can begin work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have relatives employed by the Town of Astatula? Yes: No: If yes, give name, relationship and department they in which are currently employed \_\_\_\_\_

Have you ever worked for the Town of Astatula? Yes: No:

If yes, give employment date(s) \_\_\_\_\_

Employing Department(s) \_\_\_\_\_ Position(s) \_\_\_\_\_

Do you have a current valid Florida driver's license? Yes: No:

Driver's license No. \_\_\_\_\_ Type: Non-Commercial: CDL: Class: \_\_\_\_\_

List endorsements \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **PERSONAL and CONTACT INFORMATION**

Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Other Name(s) you are known by: \_\_\_\_\_

What do you like to be called? \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street Name & No.)

(City) (County) (State) (Zip)

Mailing Address: \_\_\_\_\_  
If different from above (Street Name & No.)

(City) (County) (State) (Zip)

In case of emergency notify \_\_\_\_\_  
(Name) (Relationship)

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PERSONAL INFORMATION CONTINUED**

1. Are you able to perform the essential functions of the position applied for with or without a reasonable accommodation? Yes:      No:
2. If you are applying for a non-sworn position, are you at least eighteen (18) years old Yes:      No:
3. Have you ever been arrested, convicted, plead no contest, or had adjudication withheld for a crime, excluding minor traffic violations? Yes:      No:
4. Have you ever been a defendant in a civil action for an intentional tort (i.e., assault, battery, false imprisonment) Yes:      No:
5. Are you currently wanted or a fugitive in any state or jurisdiction? Yes:      No:

If you have answered yes to questions 3 or 4 the answer(s) will not automatically prevent you from obtaining employment with the Town. Your response will be considered by the Town together with other hiring factors. If you have answered yes to 3 and 4, please provide details regarding the type of crime and/or nature of the tort, the date of the disposition, the penalty or penalties imposed and the final disposition of the legal proceeding.

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**EDUCATION/TRAINING**

<b>Schools Attended</b>	<b>Name and Address of School</b>	<b>Did you Graduate And Year</b>	<b>Major Field of Study</b>	<b>Degree or Diploma Received</b>
<b>High School</b>				
<b>College</b>				
<b>Graduate Trade or Technical</b>				

Other relevant education or training:

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List any skills that you believe are related to the job for which you are applying:

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**DRIVING RECORD**

Have you had a suspension or revocation of your license in the last three (3) years? Yes:\_\_\_ No:

How many speeding or other moving violations have you received in the last three (3) years? \_\_\_\_\_

List all traffic violations (except parking) on your record for the last three (3) years and all motor vehicle accidents in which you have been involved:

Date/Location of Citation	Description	Result

**CHARACTER REFERENCES**

List three (3) persons familiar with your technical ability and work performance excluding relatives. We will assume we have your permission to contact these individuals unless you indicate to the contrary.

Name	Address (City, State, Zip)	Phone Number

**READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW**

The Town of Astatula staff is authorized to verify any or all of the information contained herein. With my signature below, I hereby authorize the release of all information related to my application for employment/volunteer service, including, but not limited to, education and employment history.

A false answer to any question in this application may be grounds for non-selection, or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statement. All information you supplied will be considered in the reviewing of your application. Your application is subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application and attached resume, if included, are true. I understand that any misstatement, misrepresentation, material omissions or falsification of facts shall cause forfeiture of all rights to employment/volunteer service with the Town of Astatula. I understand that should I receive a conditional offer of employment/volunteer, the following test may be required as a condition of employment/volunteer service with the Town of Astatula: drug screen, medical questionnaire, medical examination, employment background check, education background check, certification verification, worker's compensation background check, motor vehicle records check, criminal history check, and a physical demonstration of job related skills.

If accepted for employment/volunteer service, I agree to abide by and comply with all rules, regulations, policies and practices of the Town of Astatula. I understand that my employment with the City is at-will; that I have the right to terminate my employment at any time with or without cause, and the Town of Astatula has the same right. I understand as a volunteer, I have no job status and no right to employment. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the polices and practices of the Town of Astatula.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date