

TOWN OF MELBOURNE VILLAGE

TOWN OFFICE
 555 Hammock Road
 Melbourne Village, FL 32904

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**APPLICATION FOR
 EMPLOYMENT**



"An Equal Opportunity Employer"

INSTRUCTIONS: PLEASE print or type all information legibly. The application must be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title, and the announcement number (if any). You may attach copies of documents or certificates which support your application. All materials submitted become the property of the Town of Melbourne Village and will not be returned. All statements made on the application are subject to verification. A separate application must be completed for each position applied for.

1. NAME
 Last Name First Name M.I.

2. SOCIAL SECURITY NO. **3. POSITION APPLYING FOR**
4. TODAY'S DATE **5. JOB ANNOUNCEMENT NUMBER** **6. WHEN AVAILABLE FOR EMPLOYMENT**

7. APPLYING FOR _____ Full time _____ Part time _____ Will Call
 CHECK ALL RESPONSES THAT APPLY **If you require assistance with testing due to a disability, please notify our staff.**

8. HOME TELEPHONE NUMBER

Area code	Number

OTHER TELEPHONE NUMBER

Area code	Number

9. DRIVERS LICENSE:

Do you have a valid license? _____ Yes _____ No
 License Type: _____ Operator _____ CDL: Class _____
 Endorsement Code _____
 License Number: _____
 State _____ Exp. Date: _____

10. PRESENT HOME ADDRESS OR MAILING ADDRESS (if different).

Street Address		
City	State	Zip Code

11. PREVIOUS HOME ADDRESS

Street Address		
City	State	Zip Code

12 EDUCATION AND SPECIAL TRAINING

Highest grade completed : _____
High School Diploma (Check): _____ Yes _____ No
Equivalency — GED (Check) _____ Yes _____ No

Name and location of last HIGH SCHOOL attended _____
Name City State

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Total Months Completed	Course or Subject Taken	Certificates given or other pertinent Information

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Received	Sem.	Qtr.	Grade Point Average	Did you Graduate?	Major/Minor Degree Field of or Program Study	Degree Received

13. EMPLOYMENT RECORD – List all jobs held in the last TEN years and any other jobs relevant to the position for which you are applying. Major changes in duties or Job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC - all or part of your rating may depend on the information you provide. If additional space is needed, please use continuation sheet. Any gaps in employment exceeding 90 days should be listed separately in Section 14.

May we contact your present employer regarding your record of employment? Yes _____ No _____

(Job 1) Present or Most Recent Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week —

Starting Salary \$ _____ per

Last Salary \$ _____ per

Employer: •

Address:

Telephone Number:

Your Job Title:

Supervisor's Name, Title and Phone#:

Reason for Leaving Position:

Specific Duties:

Number and Titles of employees supervised (if applicable):

(Job 2) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week _

Starting Salary \$ _____ per

Last Salary \$ _____ per

Employer:

Address:

Telephone Number:

Your Job Title:

Supervisor's Name, Title and Phone#:

Reason for Leaving Position:

Specific Duties:

Number and Titles of employees supervised (if applicable):

(Job 3) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs. Mths.	

Employer:

Address:

Telephone Number:

Your Job Title:

Supervisor's Name, Title and Phone#:

Hours per week _

Starting Salary \$ Last per

Salary \$ per

Reason for Leaving Position:

Specific Duties:

Number and Titles of employees supervised (if applicable):

(Job 4) Previous Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs. Mths.	

Employer:

Address:

Telephone Number:

Your Job Title:

Supervisor's Name, Title and Phone#:

Hours per week —

Starting Salary \$ Last per

Salary \$ per

Reason for Leaving Position:

Specific Duties :

Number and Titles of employees supervised (if applicable):

14. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT DURING THE PAST 10 YEARS.

From		To		Description of Activities or Volunteer Work
Mo	YR	Mo.	Yr	

15. SPECIFIC SKILLS — List below the Job Number from your Employment Record (Section 13) and total number of months of experience in skillfully operating the equipment and/or total number of months of substantial experience in craft(s), trade(s), or technical professions).

No. of Mths.	Job No.	List of Office & Related Equipment operated	No. of Mths.	Job No.	List of All Other Equipment operated	No. of Mths.	Job No.	List of Crafts, Trades & Technical Professions

16. List membership(s) in professional, job-related organizations: •

17. List any active professional, technical, occupational licenses or certificates and registrations you now hold.

18. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or Civic duties:

19. VETERAN PREFERENCE: According to Florida Statutes, you may be eligible for 5 preference points if you are a wartime veteran with an honorable discharge or unremarried widow of a veteran; or 10 points if you are a disabled veteran currently receiving disability benefits, or spouse of disabled veteran. Veterans who have been employed by the State of Florida or one of its Counties, Cities, etc. and/or retired military personnel are excluded from these Statutes. PREFERENCE WILL BE GIVEN ONLY IF YOU SUBMIT A COPY OF PROPER DOCUMENTATION SHOWING DATES OF ENTRY AND SEPARATION AND, IF DISABLED, PROOF OF CURRENT RECEIPT OF DISABILITY BENEFITS WITH YOUR APPLICATION. Eligible veterans have the right to appeal to the Florida Department of Veteran's Affairs within 21 calendar days from date that notification is received regarding the hiring decision or within 3 months of the date the application is filed with the employer if no notice is given.

Did you serve in the Armed Services? Yes _____ No _____ Is your discharge under honorable conditions? Yes _____ No _____
 Are you Claiming Veteran's Points? Yes _____ No _____ Are you retired for longevity from the military? Yes _____ No _____
 Are you or have you been employed by the State of Florida or one of its Counties, Cities, etc.? Yes _____ No _____
 Veterans preference is available only for Florida residents. Have you established Florida residency? Yes _____ No _____

20. Have you ever worked for the Town of Melbourne Village?
 () Yes () No

 If yes, please give date(s) of employment:

21. Are you related to a Town employee or Is any member of your household employed by the Town of Melbourne Village?

 No _____ Yes _____ If yes, please give the person's:

 Name: _____

22. Since your 18th birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE to criminal charges, even if adjudication was withheld? No _____ Yes _____ if yes, please give:

Nature of offense: _____
 Name and location of court: _____
 Disposition of case: _____

NOTE: A conviction does not automatically mean you cannot be employed by the Town. The nature of the offense, how long ago it occurred, etc. are given consideration.

23. How did you learn about the position for which you are applying? Check the response that applies.

_____ Newspaper ad (please specify) _____ Online Website: _____
 _____ Professional Journal (please specify) _____ City Employee _____
 _____ Other Source (please specify) _____ High School/College or University _____

24. REFERENCES: List three (3) references, preferably from a work environment. Do not list relatives.

Name and Occupation	Address	Telephone No	Years Known
		Home: ()	
		Work: ()	
		Home: ()	
		Work: ()	
		Home: ()	
		Work: ()	

The Town of Melbourne Village is an Equal Opportunity Employer and committed to complying with all Federal, State and local laws related to terms and conditions of employment. The Town will not discriminate against or in favor of any employee or prospective employee because of race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. TMV will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee. The Town is committed to providing a work environment that is free of discrimination and unlawful harassment. Sexual and other unlawful harassment is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

IMPORTANT: Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath as per Florida Statute, Section 876.05 and, (3) subsequent to an offer of employment, pass a medical examination by a physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's blood or urine and have NOT been obtained and taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. Additionally, the Town is required by federal law to verify having seen documents, which the applicant must provide as part of the employment processing, that show the applicant's identity and right to work in the United States.

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Town of Melbourne Village is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of my blood or urine which may be tested (or recent use of drugs and/or controlled substances. Further, I release the Town, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

Signature of Applicant _____ Date _____

Employment Application for Personnel Department Use Only

INTERVIEW CHECKLIST

1. Date Received: _____ by _____
2. Application reviewed on _____ by _____
3. Interview letter sent _____
4. Interview scheduled for _____
4. Denial letter sent _____ (if applicable)

ADDITIONAL NOTES: