



TOWN OF HILLIARD
APPLICATION FOR APPOINTMENT
15859 W CR 108 Hilliard, FL 32046
PHONE: 904-845-3555 FAX: 904-845-1221
CS@TOWNOFHILLIARD.COM

We are an equal opportunity employer and do not discriminate on the basis of race, color, age, religion, sex, national origin, disability, marital status, or veteran status.

Date: _____

Applicant Information

Are you 18 years of age or older? ☐ Yes ☐ No

Full Name: _____ Phone: _____

Current Address: _____
Street City State Zip Code

Mailing Address (if different): _____
Street City State Zip Code

Referred By: _____

Are you related to a current Town employee? ☐ Yes ☐ No

If yes, provide name and department: _____

Appointment Details

Position Applying For: _____ Available Start Date: _____

Desired Salary: _____

Have you applied with the Town before? ☐ Yes ☐ No

If yes, for what position and when? _____

Are there any days/hours you are unavailable to work? ☐ Yes ☐ No

If yes, explain: _____

Education

School	Name	State	Degree	GPA
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade/Business	_____	_____	_____	_____
Other (Including Graduate)	_____	_____	_____	_____

Legal Information

Have you ever been convicted of, pled guilty or no contest to a crime? ☐ Yes ☐ No

If yes, explain: _____

Have you ever been charged with a crime and placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? ☐ Yes ☐ No

If yes, explain: _____

Have you ever been a defendant in a civil action for an intentional tort? ☐ Yes ☐ No

If yes, explain: _____

Employment History

List all employers for the past 10 years, starting with the most recent. Attach additional pages if needed.

Employer 1

From: _____ To: _____

Business Name: _____

Position: _____ Salary: _____

Reason for Leaving: _____

Employer 2

From: _____ To: _____

Business Name: _____

Position: _____ Salary: _____

Reason for Leaving: _____

Employer 3

From: _____ To: _____

Business Name: _____

Position: _____ Salary: _____

Reason for Leaving: _____

Employer 4

From: _____ To: _____

Business Name: _____

Position: _____ Salary: _____

Reason for Leaving: _____

Have you worked under a different name with any employer? ☐ Yes ☐ No

If yes, list employers and name used: _____

Explain any gaps in employment history: _____

Have you ever received a written reprimand or disciplinary suspension? ☐ Yes ☐ No

If yes, explain: _____

Have you ever been discharged or asked to resign from a job? ☐ Yes ☐ No

If yes, explain: _____

Driving Record

Do you have a valid driver's license? ☐ Yes ☐ No

Class of license: _____

Has your license been suspended or placed on probation within the past five (5) years? ☐ Yes ☐ No

List all traffic violations (excluding parking) and motor vehicle accidents in the last five (5) years:

Date	Location	Description	Result
_____	_____	_____	_____

References

List three (3) individuals not related to you whom you've known for at least one year.

Name	Phone Number	Address	Relationship
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Military Service

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No

Branch:

Did you receive any training relevant to this position? ☐ Yes ☐ No

If yes, explain:

Please attach a copy of your DD-214 with this application.

Veteran's Preference

(Per Chapter 295, Florida Statutes – excludes non-disabled, retired military personnel)

Are you claiming veteran's preference? ☐ Yes ☐ No

If yes, check all that apply:

☐ Active-duty service during wartime or Vietnam era

☐ Service-connected disability (compensable)

☐ Unremarried spouse of a veteran killed in action or who died of service-connected causes

☐ Spouse of a veteran who is totally/permanently disabled, MIA, or detained by a foreign power

Have you previously used a veteran's preference in employment? ☐ Yes ☐ No

You must attach documentation verifying your veteran's preference status.