

TOWN OF HILLIARD EMPLOYMENT APPLICATION

15859 W CR 108 Hilliard, FL 32046 Phone: 904-845-3555 | 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?) ∏Ves∏N	0		
Full Name:			ne:	
Current Address:				
Stre	eet	City	State	Zip Code
Mailing Address (if different):				
		City	State	Zip Code
Referred By:				
Are you related to a current Town	employee?	□ Yes □ No)	
If yes, provide name and departm	nent:			
Appointment Details				
Position Applying For:		Avai	lable Start Date:	
Desired Salary:				
Have you applied with the Town b	pefore? □ Y	'es □ No		
If yes, for what position and wher	1?			
Are there any days/hours you are	unavailable to	work? □ Ye	es 🗆 No	
If ves, explain:				

Education

School	Name	State	Degree	GPA
High School				
College				
Trade/Business				
Other (Including Graduate)				
Legal Informatio	n			
Have you ever been o	convicted of, pled guilty or	no contest to a crime?	□ Yes □ No	
If yes, explain:				
Have you ever been o	charged with a crime and p	placed on a court-ordered	l probation, had adjudi	cation withheld,
or entered a pre-trial i	ntervention program?	□ Yes □ No		
If yes, explain:				
Have you ever been a	a defendant in a civil actior	n for an intentional tort?	□ Yes □ No	
If yes, explain:				

Employment History

Reason for Leaving:

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

Formularion		
Employer 1		
From:	To:	
.		
Business Name:		
Position:		Salary:
Reason for Leaving:		
Employer 2		
. ,		
From:	To:	
Business Name:		
Position:		Salary:
Reason for Leaving:		
<u> </u>		
Employer 3		
From:	To:	
F10III	To:	
Business Name:		
Position:		Salary:
Reason for Leaving:		
Employer 4		
From:	To:	
Business Name:		
Position:		Salary:

If additional room is needed, print additional copy of Employment History sheet to include with application.

		different name with any e		
If yes, list e	employers and n	ame used:		
Explain an	y gaps in employ	yment history:		
Have you	ever received a v	written reprimand or disci	plinary suspension? □ Yes □	□No
If yes, expl	lain:			
Have you e	ever been discha	arged or asked to resign f	rom a job? □ Yes □ No	
If yes, expl	lain:			
Driving F	Record			
		s license? □ Yes □	□No	
Class of lic	cense:			
Has your li	icense been sus	pended or placed on prob	pation with the past five (5) yea	ars? □ Yes □ No
List all trafi	fic violations (ex			
		cluding parking) and moto	or vehicle accidents in the last	five (5) years:
Date	Location		or vehicle accidents in the last	
<u>Date</u>	Location	Description		Result
<u>Date</u>	Location	Description		Result
<u>Date</u>	Location	Description		Result
Date	Location	Description		Result
Date Referen	Location	Description		Result
Referen	Location	Description		Result
Referen	Location	Description		Result
Reference (Location	Description of related to you whom yo	u've known for at least one ye	Result
Reference (Location	Description of related to you whom yo	u've known for at least one ye	Result

Military Service Have you served in the U.S. Armed Forces? ☐ Yes ☐ No Branch: Did you receive any training relevant to this position? \Box Yes \Box 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

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

Have you previously used a veteran's preference in employment?

☐ Yes ☐ No