



TOWN OF HILLIARD
APPLICATION FOR APPONTMENT
15859 W CR 108 Hilliard, FL 32046
Phone: 904-845-3555 | cs@townofhilliard.com

Application for Appointment

We are an equal opportunity employer dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, disability, marital status, or veteran status.

Date: _____

Are you 18 years or older

☐ Yes

☐ No

Name: _____

Phone: _____

Current Address: _____

Street

City

State

Zip Code

Mailing Address: _____

Street

City

State

Zip Code

Referred by: _____

Are you related to a Town Employee?

☐ Yes

☐ No

If yes, provide their name and department: _____

Appointment Desired

Desired Position: _____ Start Date: _____ Desired Salary: _____

Have you ever applied before?

☐ Yes

☐ No

If yes, for what position and when? _____

Are there any days / hours you will not work? _____

If yes, explain: _____

Education Information

High School: _____

Name

State

Degree

Grade Average

College: _____

Name

State

Degree

Grade Average

Trade, Business or Correspondence School: _____

Name

State

Degree

Grade Average

Other (Including Graduate School): _____

Name

State

Degree

Grade Average



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Legal Information

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

If yes, explain: _____

Have you ever been charged with a crime and either been placed on a court ordered probation, have a 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 intentional tort? ☐ Yes ☐ No

If yes, explain: _____

Previous Employment Information – List below sequentially all employers in the last ten (10) years beginning with the current or most recent employer. (Use additional pages if necessary).

From: _____

Date	Business Name	Position	Salary	Reason for Leaving
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To: _____

Date	Business Name	Position	Salary	Reason for Leaving
------	---------------	----------	--------	--------------------

From: _____

Date	Business Name	Position	Salary	Reason for Leaving
------	---------------	----------	--------	--------------------

To: _____

Date	Business Name	Position	Salary	Reason for Leaving
------	---------------	----------	--------	--------------------

From: _____

Date	Business Name	Position	Salary	Reason for Leaving
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To: _____

Date	Business Name	Position	Salary	Reason for Leaving
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From: _____

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To: _____

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Did you work for any of these employers under a different name? ☐ Yes ☐ No

If yes, which employer(s) and under what name? _____

Please explain any gaps in employment history: _____

Have you ever received any written reprimands or disciplinary suspensions during any previous employment? ☐ Yes ☐ No

If yes, explain: _____

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

If yes, explain: _____

Driving Record

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

What class of license do you possess? _____

Have you had a suspension or probation of your license in the last five (5) years? ☐ Yes ☐ No

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional page if necessary).

Date	Location	Description	Result
Date	Location	Description	Result
Date	Location	Description	Result



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References – Give the names of three (3) persons not related to you, whom you have known at least one year.

Name	Number	Address	Acquainted
<hr/>			
Name	Number	Address	Acquainted
<hr/>			
Name	Number	Address	Acquainted
<hr/>			

Military Record

Were you in the Armed Forces? ☐ Yes ☐ No

If yes, what branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to this office? ☐ Yes ☐ No

If yes, explain? _____

Please provide a copy of your DD-214 upon submission of this application

Veteran's Preference

Do you claim veteran's preference? ☐ Yes ☐ No

(Chapter 295, Florida Statutes, excludes non-disableds, retired military persons from veteran's preference points)

- A. Based on active duty during wartime or Vietnam era? ☐ Yes
- B. As a veteran with a compensable service-connected disability? ☐ Yes
- C. As the unmarried spouse of a veteran who was killed in action or who died of a service-connected disability? ☐ Yes
- D. As the spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a person missing in action, or forcibly detained by a foreign power? ☐ Yes
- E. Have you ever used a veteran's preference at any time? ☐ Yes

You must submit current documentation of your veteran's preference status. Please attach a copy of this verification to the application.