



TOWN OF HAVANA EMPLOYMENT APPLICATION

Date: _____

Complete this application in its entirety. Failure to provide complete and accurate information could cause rejection of your application. Information submitted on this application is subject to verification.

PERSONAL DATA

Name			Social Security Number	
ADDRESS	Last Name		First	Middle
	Current		To	
			From	
	Previous		To	
		From		
Home Telephone Number			Alternate Telephone Number	

Position(s) Applied For _____ Rate of Pay Expected: _____

Have you ever worked for the Town of Havana before? Yes ☐ No ☐ If yes, when? _____

What department? _____ Why did you leave the Town's employment? _____

List any friends or relatives currently working for the Town:

Name	Relationship	Address	Telephone Number
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When are you available to work? _____

EMPLOYMENT HISTORY

List present and past employment, beginning with your most recent, and limited to the past ten years. If any periods of unemployment exist, note that as well. DO NOT omit any employers. Doing so may be cause for rejection of your application. Use additional pages if necessary.

May we contact the following employers? Yes ☐ No ☐

If no, which employers should not be contacted? _____

1	Name & Address of Employer	Date Worked		Salary	Title or Position	JOB DUTIES	Reason for Leaving
		Mo. From	Yr. To				
Name _____ Address _____ City _____ State _____ Telephone Number _____ Name of Supervisor _____				Starting			
				Ending			

PREVIOUS EMPLOYMENT (continued)

2	Name & Address of Employer	Date Worked		Salary	Title or Position	JOB DUTIES	Reason for Leaving
		Mo.	Yr.				
		From	To				
Name _____				Starting			
Address _____							
City _____ State _____				Ending			
Telephone Number _____							
Name of Supervisor _____							

3	Name & Address of Employer	Date Worked		Salary	Title or Position	JOB DUTIES	Reason for Leaving
		Mo.	Yr.				
		From	To				
Name _____				Starting			
Address _____							
City _____ State _____				Ending			
Telephone Number _____							
Name of Supervisor _____							

4	Name & Address of Employer	Date Worked		Salary	Title or Position	JOB DUTIES	Reason for Leaving
		Mo.	Yr.				
		From	To				
Name _____				Starting			
Address _____							
City _____ State _____				Ending			
Telephone Number _____							
Name of Supervisor _____							

OFFICE SKILLS (Please indicate areas of competency)

☐ Filing
☐ Typing WPM
☐ Computer Type(s)
☐ Software Type(s)

TRADE SKILLS (Check all that apply)

☐ Automotive Mechanic ☐ Welding
☐ Heavy Equipment Operator ☐ Electrician
☐ Custodial work
☐ Grounds keeping
☐ Other

EDUCATION

	Print Name, Number and Street, City, State and zip code	No. of Yrs. Completed	Degree	Major course of study
High School				
College				
Graduate School				
Trade, Business Night or Corres.				

JOB TASK ANALYSIS INFORMATION

Are you able to perform the essential functions of the job for which you applied? Yes ☐ No ☐
If no, would you be able to perform these tasks with or without accomodation(s) Yes ☐ No ☐
If no, explain how you would perform these tasks and with what accomodation(s)

CITIZENSHIP

Are you a citizen of the U.S. ? Yes ☐ No ☐

If no, do you possess an I-151 Card and I-551 Card, or an I-94 Card stamped "Employment Authorized" Yes ☐ No ☐

OTHER INFORMATION

A. Criminal Record

Have you ever been convicted of a felony? Yes ☐ No ☐

If yes, give the dates and explain. (Attach separate paper if necessary.)

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A conviction will not necessarily disqualify you from employment.

B. Certification Records

License, Registrations and Certification Numbers
(indicate type of license, expiration date and State)
(Attach a copy of your current driver's license)

C. Professional References

Please list former supervisors and/or associates who are
acquainted with your professional qualifications.

CERTIFICATION

I understand that any omissions, falsifications, misstatements, or misrepresentations may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information that I give may be investigated as allowed by law. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, and other individuals. I certify that, to the best of my knowledge and belief, all the statements contained herein and on any attachments are true, correct, and made in good faith.

In compliance with the Town of Havana's Alcohol/Drug Policy, all applicants being recommended or offered initial employment are subject to a post-employment blood and/or urinalysis screening. Any applicant who tampers with or refuses the drug/alcohol test will be considered to have withdrawn his/her application for the position for which he/she applied. An applicant who receives a positive confirmed test result will not be eligible for hire by the Town of Havana for a period of six months from the date the positive drug test was administered. I further understand and agree that my employment will be contingent upon the results.

I understand that unless otherwise defined by applicable law, any employment relationship with this office is "at will" which means that the Town may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Town of Havana.

The Town of Havana does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status or disability in employment or the provision of services.

Signature

Date

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20____. My commission expires on _____, 20____. Personally Known _____ -or- Produced

Identification _____ Notary Public: _____

Type of identification produced: _____ Notary Public Seal: _____

TOWN OF HAVANA

711 North Main Street
Post Office Box 1068
HAVANA, FLORIDA 32333

AUTHORITY FOR RELEASE OF INFORMATION

(Background Investigation Waiver)

To: Concerned Person or
Authorized Representative
of any Organization, Institution or
Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (Optional): _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: Town of Havana, Florida

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information you your files pertaining to my employment records including, but not limited to achievement, attendance, personal history, disciplinary records, medical records, credit records and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all likability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Town of Havana ATTN: Employment Application 711 North Main street Havana, Florida, FL 32333

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability fro such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Section 943.134(2)(a) and (4) F.S., Chapter 2001-94 Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature _____ Date _____

Applicant's address _____

STATE OF _____

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20____. My commission expires on

_____, 20____. Personally Known _____ -or- Produced

Identification _____ Notary Public: _____

Type of identification produced: _____ Notary Public Seal: _____