13400 Griffin Road Southwest Ranches, Florida 33330 Phone: (954) 434-0008 | www.southwestranches.org

The Town of Southwest Ranches



Last Name	First Name	Middle Initial
Position Applied For:		
Date Received:	Veterans' Preference:	
Authorization and Acknowledgment		/accommodation is required in completing the n or during any part of the application process
The information I have provided in this applicate misrepresented or falsified information in this application, or if I have omitted any result Ranches. If I have been hired by the Town, and are employment, I understand that my employment by the second control of t	olication or in any accompanying do material facts, I will not be considered my misrepresentation, falsification, o	ocument or resume, which I may submit in d for employment by the Town of Southwest or omission is discovered after I have begun
I authorize the Town of Southwest Ranches to considered for employment I authorize my current ame. I hereby release all employers, educational institution in connection with this application from all liability information. I also understand that my employment employment is also conditioned upon drug testing.	and former employers and education tutions, or other individuals or entition for issuing such information. I here	nal institutions to provide information about es, which may provide information about me eby waive any privilege I may have to such
I understand that the Town of Southwest Ranch connection with this Employment Application. An reputation, or personal characteristics which has bee from others with whom you are or have been a acknowledge that, if a consumer report is requested Credit Reporting Act by sending a written request to	investigative consumer report conta en obtained through personal intervi acquainted or who may have know d or prepared, I have the right to rec	ains information on your character, general iews with neighbors, friends or associates, or wledge concerning any such information. I quest a summary of my rights under the Fair
I understand that nothing contained in this empl manuals that I might receive constitute a contract further acknowledge that no Town policies, procedu term or condition of employment between the Tov means that if an employment relationship is establis for any reason, with or without notice or prior discip	or promise of employment or emp res, correspondence, or manuals est vn and myself. I understand that the shed, the Town or I may terminate the	oloyment for any specified period of time. I ablishes a contract or promise of any specific e employment relationship is "at will" which
Applicant Signature:	Da	ate:

THE TOWN OF SOUTHWEST RANCHES IS A DRUG-FREE AND SMOKE/TOBACCO-FREE WORKPLACE AND AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION – SECTION 1						
Last Name	First	Middle		Email A	Email Address:	
Street Address		Apt #		Home p	Home phone, office or message phone	
City	County	State Zip		Number	Number of years and months at this address	
Date of this application	Full time Part Time Hours Per week	Shift Preference	Date Available	Salary D	esired	Are you 18 or over? Yes No If no, age?
	No If Yes, explain. Answering		ed of a crime, had adjudication es not constitute an automatic			
Are you legally authorized to v	vork in the U.S.? Proof will be	requiredYesNo				
Can you perform the essential	functions of the job for which	h you are applying with	or withoutaccommodations	i?		
Have you previously been emp If Yes, Provide names and date		_No Affiliated with pred	ecessor organizations?Yes _	_No		
Do you have any relatives curr	ently employed by or who ar	e officials of the Town?	YesNo If yes, please pro	vide name an	d position.	
Are you presently or have you Veteran's Preference?Yes			ves, list experience and special	education rec	eived in Employme	ent Record. Are you claiming
EDUCATION – SECTION 2						
Name and location of high sch	ool	Diploma or equivalent receive		vedYes _	dYesNo	
Name and location of college of	or university	Degree			Courses/Major	
Name and location of college of	or university		Degree Courses/Major			
Business, technical/vocational	, correspondence, etc.		Certificate or # of credits	Subject		
Describe any other specialized training or qualifications relating to this position (i.e., seminars, military, professional affiliations, certificates or awards) Professional licenses/certificates/CDLs (List State, License #, Class, Endorsement(s) etc.) Expiration Date:						
Have you ever been denied a license or has your driver's license ever been suspended or revoked?YesNo If yes, provide details:						
Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)?YesNo						
BUSINESS SKILLS – S	SECTION 3					
List professional, technical or clerical skills that you would bring to the position for which you are applying (e.g., accounting, computer, inspector, maintenance, etc.)		List equipment you can operate (e.g., personal computer, flat bed truck, tanker, etc.)				
REFERENCES — SECTION 4 Please list business or work related references and their relationship to you						
			Business Relationship			Telephone
2 3.						

 Please complete the following information in full. Complete for all positions held in the last 7 years. List most recent job first. Do not use resume in place of information on application Include any relevant military experience and unpaid work experience 					
Dates of Employment From (mo./yr.)	To (mo./yr)		Title of Position	Title of Position	
Name of Employing Firm			Type of Business	Phone	
Address	City	State	Zip	May we contact for references?	
Supervisor			Starting Salary:	Final Salary:	
Description of duties perfor	med, skills, accomplishments		Variable Pay _Yes _No	Average Annual \$	
Reason for Leaving					
Dates of Employment From (mo./yr.)	To (mo./yr)		Title of Position		
Name of Employing Firm			Type of Business	Phone	
Address	City	State	Zip	May we contact for references?	
Supervisor			Starting Salary:	Final Salary:	
Description of duties perfor	med, skills, accomplishments		Variable Pay _Yes _No	Average Annual \$	
Reason for Leaving					
Dates of Employment From (mo./yr.)	To (mo./yr)		Title of Position		
Dates of Employment	To (mo./yr)		Title of Position Type of Business	Phone	
Dates of Employment From (mo./yr.)	To (mo./yr) City	State		Phone May we contact for references?	
Dates of Employment From (mo./yr.) Name of Employing Firm		State	Type of Business		
Dates of Employment From (mo./yr.) Name of Employing Firm Address Supervisor		State	Type of Business Zip	May we contact for references?	
Dates of Employment From (mo./yr.) Name of Employing Firm Address Supervisor	City	State	Type of Business Zip Starting Salary:	May we contact for references? Final Salary:	
Dates of Employment From (mo./yr.) Name of Employing Firm Address Supervisor Description of duties perfor	City	State	Type of Business Zip Starting Salary:	May we contact for references? Final Salary:	
Dates of Employment From (mo./yr.) Name of Employing Firm Address Supervisor Description of duties perfor Reason for Leaving List all other employers you	City med, skills, accomplishments		Type of Business Zip Starting Salary: Variable Pay _Yes _No	May we contact for references? Final Salary:	
Dates of Employment From (mo./yr.) Name of Employing Firm Address Supervisor Description of duties perfor Reason for Leaving List all other employers you	City med, skills, accomplishments have had in the last ten (10) years. eed or asked to resign from any job? If yes, plea		Type of Business Zip Starting Salary: Variable Pay _Yes _No	May we contact for references? Final Salary:	

EMPLOYMENT RECORD – SECTION 5

PERMISSION AND RELEASE FORM FOR BACKGROUND INVESTIGATION (REQUIRED) - SECTION 6

Please read the release below carefully before signing it.

I hereby authorize the Town of Southwest Ranches to obtain the following information in connection with my application for employment or if hired, at any time during my employment: **criminal and/or motor vehicle records, employment records, educational records, consumer reports, consumer investigative reports, including credit reports obtained through a consumer reporting agency.** I acknowledge that the Town has informed me that it may make use of this information in evaluating my application for employment, and in the Town's decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms and conditions of my Employment at the Town. I hereby authorize the Town to make use of the above referenced information, and release the Town and any entity that provides information to the Town from liability in connection with this information.

If a **consumer investigative report** obtained through a consumer reporting agency is completed, it may include information obtained through personal interviews regarding my character, general reputation, and personal characteristics. I understand that I may obtain a complete and accurate disclosure of the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act by sending a written request to the Town Administrator or designee.

Any offers of employment are contingent upon a satisfactory background investigation. I authorize the reinvestigation of any of the above information, at any time, during my employment. If I am employed in a position which requires a continuing satisfactory driving record, I agree to inform the Town of any driving or traffic violation and I understand that if my driving record is or becomes unsatisfactory, it may be a basis for termination of employment.

First Name	Middle Name	Last Name	Last Name		
Former Name(s) or Alias					
Number Street Address	City/Town	State	7in Codo		
Number, Street Address	City/Town	State	Zip Code		
Social Security Number		Driver's Lice	ense Number and State		
*Date of Birth					
Signature		Date			

*Note: Date of Birth is requested to ensure accurate retrieval of records.

VOLUNTARY PRE-EMPLOYMENT INFORMATION - Equal Employment Information - SECTION 7

The Town of Southwest Ranches is committed to equal employment opportunity for all applicants without regard to race, color, creed, religion, sex, national origin, disability, age, marital status or veteran's status, or any other characteristic protected under federal, state, or local law. To help us comply with federal and state reporting and record keeping requirements, we ask that you complete the following information. This information will not be used during the hiring process and will be kept confidential. Name: Position Applied For: How did you hear about this position? Race/Ethnic Group: ____White ____Black ____Hispanic ____American Indian/Alaskan Native ____Asian/Pacific Islander Gender: _ Male ____ Female **VOLUNTARY PRE-EMPLOYMENT INFORMATION – Veterans' Preference Information** VETERANS' POINTS. Are you claiming **Veterans' preference** points? Yes No If yes, provide a copy of your DD214; Reservists, provide a copy of your orders. a. Are you a disabled Veteran entitled to compensation, disability retirement benefit or pension by reason of the public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, or have you served on active duty in any branch of service, been separated under honorable conditions, or have you established the present existence of a service-connected disability which is compensable under public laws administered by the U.S, Department of Veterans' Affairs? Yes No b. Are you the spouse of any person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, or are you the spouse of any person missing in action, captured in line of duty by a hostile force or forcibly detained or interned in the line of duty by a foreign government or power? Yes No c. Are you a Veteran of any war, as defined in Florida Statutes, s. 1.019(14)? __Yes __No d. Are you the unremarried widow or widower of a Veteran who died of a service-connected disability? Yes No Have you ever claimed and been employed through Veterans' preference? Yes No If yes, provide the name of the employer. **FOR TOWN USE ONLY**

Applicant