

## Application for Employment

Town of LaCrosse Board of City Commissioners  
An Equal Opportunity Employer

### General Instructions for Completion of Application

- Please type or print in ink.
- Specify the position for which you are applying. (Note: a separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Submit application to the Town Hall, 20613 N State Road 121, Alachua, FL 32615; Phone (386) 462-2784 or Administration Services, 20421 N State Road 121, Alachua, FL 32615; Phone (352) 922-9100 or email to lfdrecruiting.22@gmail.com.
- Please answer all questions. *Resumes are not accepted in lieu of completion of this application.* This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.
- Attach a copy of your Driver's License, transcripts, and/or any documents, certificates, commendations and any other information you feel will help in the evaluation. Veterans (peacetime or wartime) must submit a copy of their DD214 for Veterans Preference.
- Sign your name in the Certification Section. All information is subject to verification.
- Town of LaCrosse is a **"Drug Free Workplace."**
- Person selected for employment must: Pass a pre-employment background check, and/or drug test and/or a physical (by the City's physician).

### Position Applied For

Your Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Availability: \_\_\_\_\_ Minimum Salary Expected: \_\_\_\_\_

Referral Source:  Newspaper  Employee  City Website

Walk-In  Employment Agency

Name of Source (If Applicable): \_\_\_\_\_

### Exemption from Public Records Disclosure

Are you a current or former employee of a covered position \*\*, or the spouse or child of one, whose information is exempt from public records disclosure under Section 119.071(4)(d), Florida Statutes (F.S.)?  Yes  No

\*\*Covered jobs included but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Family Services [see§199.071.F.S.].

**Your Contact Information**

Your Name: \_\_\_\_\_  
Last Name First Name Middle Name

Current Street Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Telephone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Drivers License:  Yes  No State: \_\_\_\_\_ Class: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Note: Failure to have a driver's license will not necessarily bar you from employment unless driving is an essential function of the particular job for which you are applying.

**Citizenship**

The Town of LaCrosse Board of City Commissioners hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U. S. and complete an I-9 Form in this regard.

Are you a U.S. citizen?  Yes  No

If no, are you legally authorized to accept employment with the specific hiring authority to which you are applying?  Yes  No

Social Security Number: \_\_\_\_\_

**Additional Information**

May we contact you at work?  Yes  No

If yes, work number and best time to call: ( ) \_\_\_\_\_ : \_\_\_\_\_ a. m. / p. m.

When would you be available to work? \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

Have you ever worked under a different name?  Yes  No

If yes, please provide name(s) \_\_\_\_\_

Have you ever been discharged from any employment or asked to resign?  Yes  No

Have you ever been disciplined or fired for fighting, harassment, assault, or similar offenses?  
 Yes  No

Have you been employed by Town of LaCrosse Board of City Commissioners before?  
 Yes  No

If yes, when \_\_\_\_\_ Position Held \_\_\_\_\_

If yes, reason for leaving \_\_\_\_\_

Do you have any relatives, including spouse, who work here?  Yes  No

If yes, state name and relationship \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation or been a defendant in any civil action claim?  Yes  No

If yes, please indicate the charge, date, and disposition. Note: Conviction of a crime will not necessarily be a bar to employment. Type of offense, how long ago, and related factors are important. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

**High School**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Diploma  Other Specify \_\_\_\_\_  None

Your name, if different while attending school: \_\_\_\_\_  
\_\_\_\_\_

**College, University or Professional School** (Transcripts may be required)

Name of School	Address	Phone #	Dates of Attendance	Course of Study	Type of Degree Earned

Your name, if different while attending school:

**Job-related Training or Course Work**

(Vocational, Trade, Governmental, Business, Armed Forces, Etc.)

Name of School	Address	Phone #	Dates of Attendance	Course of Study	Training Completed

Your name, if different while attending school:

**Licensure, Registration, Certification**

(Examples: Paramedic, EMT, Firefighter, CPR, Building Inspector License, Notary, Etc.)

License, Registration or Certification	Number	Date Received	Expiration Date	State Licensing Agency

**Knowledge, Skills, Abilities**

List the knowledge, skills, and abilities, you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

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State any additional information you feel may be helpful to us in considering your application.

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### Employment Record

Starting with your current or last job, discuss all period of employment, including self-employment, military service, and volunteer work. Please account for all periods of unemployment. Use additional sheets if necessary. Note: Past and present employers may be contacted to verify your work history. It is important that your application show all relevant education and experience you possess. Incomplete applications may not be processed. List multiple positions held with one employer separately.

1) Name of Present or Last Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Starting Pay Rate: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

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Employed From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours per week: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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2) Name of Present or Last Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Starting Pay Rate: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

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Employed From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours per week: \_\_\_\_\_

(Continued on next page)

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**3) Name of Present or Last Employer:** \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Starting Pay Rate: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**4) Name of Present or Last Employer:** \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Starting Pay Rate: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**References – Please list references not related to you.**

1) Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: (Street, City, State, Zip Code) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

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2) Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: (Street, City, State, Zip Code) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

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3) Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: (Street, City, State, Zip Code) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Certification**

I am aware that any omissions, falsifications, misstatements, or misrepresentations above 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 I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for City employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Military Record - Veterans' Preference Information**

Have you ever served in the military service of the United States? Yes No

Are you a member of the active reserve? Yes No

If yes to above questions, did your military service have any relationship or provide experience to the position for which you have applied? Yes No

If yes, provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you claim Veterans' Preference?  Yes  No

If yes, you must complete the following section and submit required documentation.

(A) Based on active wartime or campaign service?  Yes  No

(B) As a disabled veteran?  Yes  No

(C) As the unmarried widow of a war veteran?  Yes  No

(D) As the wife of a war veteran who is unable to pursue gainful employment because of disability?  Yes  No

If a veteran preference is claimed, list dates of qualifying service:

Date of entry \_\_\_\_\_ Date of separation \_\_\_\_\_

If campaign service is claimed submit copy of official orders or citation.

If disability is claimed, give percent \_\_\_\_\_

**VETERAN PREFERENCE:** Persons who have been honorably separated from active wartime or campaign service (during peacetime) in the armed forces of the United States are allowed veteran preference points in accordance with Florida Statutes. In support of your claim for veteran preference, you will be required to furnish documentary proof of service upon request of the agency.

# TOWN OF LACROSSE VETERANS' PREFERENCE FORM

## INSTRUCTIONS:

Complete this form if you are claiming Veterans' preference. Print your name and social security number in the spaces provided. Check the appropriate area below and provide the additional information requested. You must complete this form. Before being given a preference, you will be required to submit documentation from the Dept. of Defense (DOD) or Department of Veterans Affairs (DVA). All documents specified must clearly indicate that they are copies of originals. Veterans' preference will be awarded to all qualified applicants for selection procedures taken and passed, providing all required documentation is on file in the Human Resources Department or submitted by the "Apply By" date on the current "Job Openings" page. Preference will not be awarded retroactively.

## VETERANS' NAME

\_\_\_\_\_  
Last First Middle  
Social Security number  
\_\_\_\_\_

## ARE YOU CURRENTLY EMPLOYED BY TOWN OF LACROSSE GOV?

Yes  No

## CATEGORY / DOCUMENTATION REQUIRED

(1) A veteran with the compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.

PERCENTAGE OF DISABILITY \_\_\_\_\_

**Copy of DD-214 member 4 copy or equivalency VA form showing military status.** Must show dates of service and discharge type. **[Must be Honorable Discharge for Preference]**. Documentation from DOD, or VA certifying that the veteran has a compensable service connected disability.

(2) The spouse of a veteran who cannot qualify for employment because of a Total and Permanent disability, or the un-remarried spouse of a veteran missing in action, captured in action or forcibly detained by a foreign power.

**Copy of DD21-4 member copy 4 or equivalency from DOD or VA showing military status.** Must show dates of service and **Honorable Discharge**, copy of certification from the VA that the veteran is totally and Permanently disabled and cannot qualify for employment because of a service connected disability ; or an ID card issued by the Florida Department of Veterans Affairs ; copy of marriage certificate along with a continuous marriage affidavit ; copy of a certification from the Branch of Military , DOD or VA that the person is on active duty is missing in

action, captured, forcibly detained or interned in the line of duty by a foreign government or power.

(3) A veteran of any war who has served on Active Duty for one day or more during a **Wartime** period, excluding active duty for training, and who was discharged under **Honorable** conditions from the Armed Forces of the United States of America.

**Copy of DD214 member copy 4 or equivalency from DOD or VA showing military status.** Must Show dates of service and **Honorable** Discharge.

(4) The un-remarried widow or widower of a veteran who died of a service connected disability.

**Copy of DD214 member copy 4 or equivalency from DOD or VA showing military status.** Must show dates of service and **Honorable** Discharge.

(5) A veteran who has served in a campaign or expedition for which a campaign badge has been authorized; any Armed Forces Expeditionary Medal qualifies for Veterans' Preference.

**Copy of DD214 member copy 4 or equivalency from the DOD or VA showing military status.** Must show dates of service and **Honorable** Discharge; to include the award of any Armed Forces Expeditionary Medal.

**WARTIME ERAS:** For the purpose of determining veterans' preference, wartime era is limited to service during the following periods:

10-7-2001 through present date  
8-2-1990 to 1-2-1992 Gulf  
2-28-1961 to 5-5-1975 Vietnam  
6-21-1950 to 1-31-1955 Korea  
12-7-1941 to 12-31-1946 WWII  
4-6-1917 to 7-1-1021 WWI

**You must read, complete, attach appropriate documents, and sign this form.**

Revised: 08/2013

## INFORMATION ABOUT SERVICE

Branch of Service: \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Do you have a Service-Connected compensable disability?  Yes  No

Dates of Active Duty: \_\_\_\_\_

Are you a resident of the State of Florida?  Yes  No

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### IMPORTANT NOTICE:

In accordance with the rules of the Florida Department of Veterans Affairs, Chapter 55A-7, Veterans' Preference in Appointment and Retention in Employment and Florida Law, preference in appointment, employment and promotion shall be given, by the state and its political subdivisions, first to those persons included in categories 1 and 2 and second to those persons included under categories 3,4 and 5 as shown on previous pages. Preference in appointment and employment requires that the preferred applicant be given special consideration each step of the employment selection process but does not require the employment of a preferred applicant over a non-preferred applicant who is the most qualified for the position.

An applicant eligible for veterans' preference who believes they were not afforded employment preference in accordance with the rules may file a complaint with the City Veterans Service Officer (CVSO) or Florida Department of Veterans Affairs (727) 319-7462 and request an investigation. When the applicant has received notice of hiring decision from the employer, the complaint shall be filed within 21 calendar days from the date that the notice is received by the applicant (postal time will be considered no more than 5 days from the date notice was mailed by employer). When the applicant has not received a notice of hiring decision within two calendar months of the receipt of the application by the employer, the applicant shall contact the employer to determine if the position has been filled by the appointment of a non-preferred applicant. After having determined from the information supplied by the employer that the position has been filled by a non-preferred applicant, the preferred applicant may file a complaint within 3 calendar months of the date the application was received by the employer. If the position has not been filled, the time the period for filing a complaint is extended to provide the preferred applicant one calendar month after having determined that the position was filled. It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

Additional information on Veterans' Preference can be found on the following link  
<http://www.floridavets.org/benefits/veteranspref.htm>

Town of LaCrosse accepts applications on a continuous basis, the date of receipt of the application by the employer shall be considered the date that the applicant is signed up for the job classification.

The following positions are exempt from Veterans' Preference provisions: positions filled by officers elected by popular vote or persons appointed to fill vacancies in such offices and the personal secretary of each officer, members of boards and commissions, persons employed on a temporary basis without benefits, heads of Departments, positions which require licensure such as a physician, and positions which require that the employee be a member of the Florida Bar.

### SIGNATURE (required)

I acknowledge that I have read and understand the rights expressed in this notice. I certify that all information provided is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

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Signature

Date

### FOR CITY VETERANS' SERVICE OFFICER ONLY:

Documentation verified [ ] DD214 other [ ]

Points awarded: \_\_\_\_\_ Date \_\_\_\_\_

Applicant qualified [ ] Yes [ ] No

Notes: \_\_\_\_\_  
\_\_\_\_\_

**TOWN OF LACROSSE BOARD OF COUNTY COMMISSIONERS DISCLOSURE  
TO APPLICANTS AND EMPLOYEES**

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681-1681u, Town of LaCrosse Board of City Commissioners is providing this notice that we may obtain one or more consumer reports (including, but not limited to, criminal background checks, driving record checks, or other investigative reports) concerning you for employment purposes and in conjunction with your application for employment and/or decisions concerning your employment status with Town of LaCrosse Board of City Commissioners at any time during your application or membership with such organization.

**By signing below, I acknowledge that I have received, read, and understand this disclosure.**

**FAIR CREDIT REPORTING ACT  
AUTHORIZATION TO OBTAIN CONSUMER REPORT**

I hereby authorize Town of LaCrosse BOCC to obtain one or more consumer reports (including, but not limited to, criminal background checks, driving record checks, or other investigative reports) concerning me. I understand that this authorization also enables Town of LaCrosse BOCC to: (1) use any such consumer reports for purposes of my application for and the determination of my employment or continued employment in such organization; and (2) use and publicize any such report in its discretion in conjunction with any listing or other advertisement opportunities I may have with or through Town of LaCrosse BOCC, including but not limited to any job referral listing.

This authorization is effective throughout my applications with or employment at Town of LaCrosse BOCC, and shall enable Town of LaCrosse BOCC to obtain any such consumer reports at any time during such periods.

**By signing below, I acknowledge that I have read and fully understand this authorization, and that I have authorized Town of LaCrosse BOCC to obtain consumer reports regarding me as stated above.**

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_