



**TOWN OF LANTANA
APPLICATION FOR EMPLOYMENT**

**Resumes may not substitute for the complete application. It is the responsibility of the applicant to thoroughly and accurately complete the Application for Employment. Incomplete applications may disqualify an applicant from consideration.
EOE, DFWP, VP, E-VERIFY**

PLEASE PRINT OR TYPE

Position Applying For: _____

PERSONAL INFORMATION			
Name _____			
Last	First	MI	
Present Address _____			
Street	City	State	Zip
Email Address _____		Telephone (H) _____ (C) _____	
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you of the legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you previously employed with the Town of Lantana? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
Do you have any relative(s), either by blood or by marriage, employed by the Town of Lantana? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give name, relationship, and department _____			
How did you hear about this position? _____			
<input type="checkbox"/> Palm Beach Post Newspaper	<input type="checkbox"/> Town of Lantana Website	<input type="checkbox"/> Monster.com	
<input type="checkbox"/> Craigslist	<input type="checkbox"/> Town of Lantana Employee	<input type="checkbox"/> Town Hall Posting	
<input type="checkbox"/> Other (please describe)			

EDUCATION					
School	Name and Location of School	Course of Study	No of Years Completed	Did you Graduate?	Degree or Diploma
High School					
Certifications/ Business/Trade					
College					
Graduate/Ph.D.					

MILITARY
Were you in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", what Branch?
Do you wish to claim Veterans' Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", a copy of your DD214 must be included with your application along with a completed Town Veterans' Preference Form.

EMPLOYMENT HISTORY

**List below present and past employment, full time and part time, beginning with your most recent.
If additional space is needed, please attach a separate page.**

1	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

2	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

3	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

4	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

I hereby give permission to contact the employers listed above concerning my prior work experience, and to inspect my personnel file(s). _____

SIGNATURE

If there is/are a particular employer(s) you do not wish us to contact, please indicate which one(s) and the reason. _____

Attached hereto is a job description for the position for which you have applied. Are you able to perform these tasks without an accommodation? Yes No If No, please list accommodations needed.

If you are known by any other name(s) at other employers listed under Employment History, please list each of those names. _____

Have you ever been convicted, plead no contest, plead guilty, or had the adjudication of guilt withheld for any criminal offense other than a minor traffic violation (i.e. speeding, parking, etc.)? Yes No
If yes, please explain: (An affirmative answer to the above does not constitute disqualification of employment.) _____

Give the names of any organizations or professional groups of which you may be a member which have any direct bearing on your qualifications for the position you are seeking.

List any knowledge, skills, abilities, or qualifications you possess and believe relevant to the position you seek, such as heavy equipment, computer skills, languages, etc. (Applicant should not list any information that Federal and State law preclude obtaining in the pre-employment stage.)

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance?

Yes No If yes, please explain.

PLEASE READ AND INITIAL STATEMENTS BELOW

_____I certify that all information given on this employment application, related employment papers and oral interviews is true and correct. I understand that the Employer will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by it. I understand that falsification of any information so given or other derogatory information discovered as a result of this investigation will subject me to disqualification from consideration and/or immediate dismissal. I agree to a post-offer physical examination if requested. If I am hired, I will conform to the rules and regulations of the Employer.

_____I understand that the Employer makes every effort to maintain an atmosphere which will enable employees to perform their work without sexual, religious, racial and/or ethnic harassment, intimidation and/or without creating an offensive work environment. I understand that conduct and language can constitute harassment and I agree not to engage in such conduct. I understand that if I violate this, I will be subject to discipline up to and including discharge. I also understand that I do not have to, am not expected to, and should not tolerate any such conduct. I further understand I have an affirmative obligation to report such conduct, and that I will not be subject to any discipline for doing so. I may be subject to discipline up to and including discharge for failing to disclose harassments.

_____In accordance to Florida Statute 440 as it relates to pre-employment drug testing of those in “special risk” and/or “mandatory testing” positions , I hereby consent as a condition of employment to have the Employer, or its authorized testing agent, perform a drug test for the purpose of determining the presence of illegal drugs. In agreeing to this, I understand that if I fail the post job offer drug test the Employer may withdraw my employment offer.

_____I further understand that, if hired, my failure to submit to, upon request, or to pass, any drug and/or alcohol tests is grounds for immediate discharge.

_____I further agree that if I am under medication, it is my responsibility to provide the examining physician or Human Resources of the Employer, a physician’s statement regarding any prescribed medication or a copy of the prescription and its dates of use.

_____I have been assured that the results of the test will be provided only to the Employer and will be held in strict confidence unless the Employer or its testing agent is required by law or court order to divulge said information.

Signature _____ **Date** _____



The Town of Lantana uses e-verify as part of a process to verify the work eligibility of all new hires. E-verify is an internet-based system that compares an employee’s information to data from U S Department of Homeland Security and Social Security Administration records.

Notice to Applicant Regarding Veterans' Preference

For the purposes of appointments, retention, reinstatement, reemployment and promotions, Veterans' Preference ensures that veterans and eligible family members of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible family members of a veteran will be the candidate selected to fill the position. Effective July 1, 2014, per Florida Statute 295.07, the following groups are now eligible for Veterans' Preference:

1. Disabled veterans who have served on active duty in any branch of the Armed Forces and who presently have an existing service connected disability which is compensable under public laws administered by the Department of Veterans' Affairs (DVA) or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA or the Department of Defense; or
2. The spouse of a veteran:
 - a. who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or
 - b. who is missing in action, captured in line of duty by hostile forces, or detained or interned in line of duty by a foreign government or power; or
3. A veteran of any war who has served at least one day during the war time period as defined in subsection 1.01(14) Florida Statutes or who has been awarded a campaign or expeditionary medal. Active duty for training is not allowed for eligibility under this section; or
4. The un-remarried widow or widower of a veteran who died of a service-connected disability, or
5. The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense; or
6. A "veteran" as defined by section 1.01m (14) Florida Statutes as a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharged under honorable conditions. Active duty for training is not allowed for eligibility under this section; or
7. A current member of any reserve component of the US Armed Forces or the Florida National Guard.

Those wishing to claim Veterans' Preference must furnish a DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and Character of Discharge. Disabled veterans must also furnish a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service connected disability.

****Documentation must be provided in order to establish eligibility for Veterans' Preference. Certain categories of preference may require additional documentation to be submitted by the applicant. Human Resources will contact the applicant should additional documentation be required.**

An individual must file a complaint within 21 calendar days from the date after receiving notice of the hiring decision made by the hiring agency. If no notice is given then the individual must file a complaint within three (3) months of the date the application is filed with the employer.

VETERANS' PREFERENCE FORM

Your
Name: _____

Position you are
applying for: _____

VETERANS' PREFERENCE: Completion of the Veterans' Preference section is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act.. **Documentation substantiating your claim must be furnished at the time of application.**

Check the appropriate block:

Disabled veteran who has served on active duty in any branch of the Armed Forces and who presently has an existing service connected disability which is compensable under public laws administered by the Department of Veterans' Affairs (DVA) or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA or the Department of Defense.

The spouse of a veteran:
a. who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or
b. who is missing in action, captured in line of duty by hostile forces, or detained or interned in line of duty by a foreign government or power.

A veteran of any war who has served at least one day during the war time period as defined in subsection 1.01(14) Florida Statutes or who has been awarded a campaign or expeditionary medal.

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

The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.

A "veteran" as defined by section 1.01m (14) Florida Statutes as a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharged under honorable conditions.

A current member of any reserve component of the US Armed Forces or the Florida National Guard.

I acknowledge that I have read and understood the rights expressed in this notice.

Applicant's Signature _____ Date _____

For additional resources or information regarding Veterans' Preference:

- Visit: <http://floridavets.org/benefits-services/employment/>
- Call: (727) 319-7462
- FDVA Headquarters: 11351 Ulmerton Rd. Suite 311-K Largo, FL 33778-1630

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

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Esta organización participa en E-Verify



Este empleador proporcionará a la Administración del Seguro Social (SSA, por sus siglas en inglés) y, de ser necesario, al Departamento de Seguridad Nacional (DHS, por sus siglas en inglés) la información incluida en el Formulario I-9 de todo empleado nuevo con el propósito de confirmar su autorización de trabajo.

IMPORTANTE: Si el gobierno no puede confirmar que usted tiene autorización para trabajar, el empleador debe suministrarle las instrucciones por escrito y darle la oportunidad de ponerse en contacto con DHS o SSA antes de sancionarlo de cualquier forma o finalizar la relación laboral.

Los empleadores no pueden utilizar E-Verify para realizar preselecciones de solicitantes y no pueden limitar ni influenciar la selección de los documentos que usted presente para su inclusión en el Formulario I-9.

Para determinar si los documentos incluidos en el Formulario I-9 son válidos, este empleador utiliza la técnica de comparación fotográfica para comparar la fotografía que aparece en las Tarjetas de Residente Permanente, Tarjetas de Autorización de Empleo y pasaportes de los EE. UU. con la fotografía oficial del gobierno de los EE. UU. Asimismo, E-Verify verifica los datos incluidos en licencias de conducir y tarjetas de identificación emitidas por algunos estados.

Si considera que su empleador ha infringido sus responsabilidades en virtud de este programa o lo ha discriminado durante el proceso de verificación de la elegibilidad de empleo por su origen nacional o estatus de ciudadanía, comuníquese con la Oficina del Consejero Especial llamando al 800-255-7688, 800-237-2515 (para personas con impedimentos auditivos) o visitando www.justice.gov/crt/osc.

E-Verify funciona para todos

Para obtener más información sobre E-Verify, comuníquese con DHS al:

888-897-7781

www.dhs.gov/E-Verify

AVISO:

La ley federal exige a todos los empleadores que verifiquen la identidad y la elegibilidad de empleo de todas las personas contratadas en los Estados Unidos.



E-VERIFY IS A SERVICE OF DHS AND SSA

El logotipo y la marca de E-Verify son marcas registradas del Departamento de Seguridad Nacional. Queda estrictamente prohibida la venta comercial de este afiche.

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have the legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

- In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.
- Employers cannot reject documents because they have a future expiration date.

- Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.
- In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

If any of these things have happened to you, contact the Office of Special Counsel (OSC).

For assistance in your own language:
Phone: 1-800-255-7688 or (202) 616-5594
For the hearing impaired:
TTY 1-800-237-2515 or (202) 616-5525

E-mail: oscrt@usdoj.gov

Or write to:
U.S. Department of Justice – CRT
Office of Special Counsel – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

**Office of Special Counsel for
Immigration-Related Unfair
Employment Practices**



www.justice.gov/crt/about/osc

SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si usted tiene el derecho a trabajar legalmente en los Estados Unidos, existen leyes que lo protegen contra la discriminación en el trabajo.

Usted debe saber que:

- En la mayoría de los casos, los empleadores no pueden negarle un empleo o despedirlo debido a su país de origen o estatus migratorio, o negarse a aceptar sus documentos válidos y legales.
- Los empleadores no pueden rechazar documentos por que tienen una fecha de vencimiento futura.

- Los empleadores no pueden despedirlo debido a E-Verify, sin darle una oportunidad de resolver el problema.
- En la mayoría de los casos, los empleadores no pueden exigir que usted sea ciudadano estadounidense o residente legal permanente.

Si usted se ha encontrado en alguna de estas situaciones, contacte a la Oficina del Consejero Especial (OSC).

Para ayuda en su propio idioma:
Teléfono: 1-800-255-7688 o
202-616-5594

Para las personas con discapacidad
auditiva:
TTY 1-800-237-2515 o
202-616-5525

E-mail: oscrt@usdoj.gov

O escriba a:
U.S. Department of Justice - CRT
Office of Special Counsel- NYA
950 Pennsylvania Avenue, NW
Washington, DC 20530

**Departamento de Justicia de EE.UU.
División de Derechos Civiles**

**Oficina del Consejero Especial Para
Prácticas Injustas en el Empleo
Relacionadas a Inmigración**



www.justice.gov/crt/about/osc