



# Town of Sneads

2028 Third Ave  
P.O. Box 159  
Sneads, FL 32460  
Phone: 850-593-6636  
Fax: 850-593-5079

[www.sneadsfl.com](http://www.sneadsfl.com)

Facebook: Town of Sneads-City Hall

## Employment Application

The Town of Sneads is an equal opportunity employer. No person will be discriminated against because of race, color, national origin, sex, age, handicap, marital status, or religion. The Town is an Equal Opportunity Employer, Equal Access Employer and Affirmative Action Employer.

### INSTRUCTIONS

Application must be typewritten or printed legibly in ink if not electronically submitted. All questions must be answered. Applications which are not complete will not be considered. If the space provided is not sufficient for complete answers or if you wish to furnish additional information, attach additional sheets of paper the same size as the rest of this application, and number the answers to correspond to the questions.

Submit your application in person or by mail at the address above or to the Town Manager at [sneadsmgr@sneadsfl.com](mailto:sneadsmgr@sneadsfl.com). All information you submit is subject to verification.

(Please Print or Type)

Applicants Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Date Available: \_\_\_\_\_

This application will be kept on file for 6 months from date returned to The Town of Sneads.

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me may disqualify me for employment and if hired may be grounds for terminations at a later date. I understand that any information provided may be investigated as allowed by law. I understand that applications submitted for Town employment are public records, except as noted. I certify that all information provided are true and correct. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment with the Town.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Exemption from Public Records Disclosure

Are you a current or former law enforcement officer, or other covered employee or the spouse or child of one, who is exempt from public records disclosure under § 119.07, Florida Statutes? Yes or No: \_\_\_\_\_

Type of job covered under Florida Statute covered: \_\_\_\_\_

### Military Service

Are you a Military Veteran? Yes or No: \_\_\_\_\_

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Please provide a COPY of your Driver's License.

Driver's License No: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for the Town? YES  NO  If yes, when? \_\_\_\_\_

**Reference**

*Please list three Professional References.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Friends, Acquaintances or Relatives Employed by The Town of Sneads**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Education

Your Name, if different while attending school or training: \_\_\_\_\_

Highest Grade School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Knowledge/ Skills/ Abilities (KSA)

List KSA's and /or certifications you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s) etc. (You may use an additional sheet to provide additional information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Previous Employment

If needed attach additional sheet, using the same format as on this. Resumes may be attached to provide additional information regarding duties and responsibilities.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Explanation of any gaps in Employment Dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Information

Is there any other information personal or professional that you think is important that we should know about you?  
Please let us know in detail to your best knowledge. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_